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HARVARD UNIVERSITY



MASSACHUSETTS
EYE AND EAR INFIRMARY



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Massachusetts
Eye and Ear Infirmary

ONE HUNDRED and TWENTY FIRST
ANNUAL REPORT
1946



BOSTON

MASSACHUSETTS

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*Massachusetts
Eye and Ear Infirmary*

**ONE HUNDRED and TWENTY FIRST
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BOSTON

MASSACHUSETTS



MASS. EYE AND EAR INFIRMARY

151/2

MASSACHUSETTS EYE AND EAR INFIRMARY

Incorporated in 1872

243 CHARLES STREET, BOSTON

Telephone CAPitol 0470

The MASSACHUSETTS EYE and EAR INFIRMARY is a hospital with out-patient clinics for the care of patients who need special treatment for injuries or diseases of the eye, ear, nose and throat. It is one of the two oldest eye and ear hospitals in the country, having been started as a free-clinic in 1824. From the first, it was specially planned to give expert care at low cost to men, women and children threatened with such handicaps as blindness or loss of hearing.

The INFIRMARY is a voluntary hospital - a private institution that serves the community. To give complete and efficient medical service to the patients, the INFIRMARY cooperates closely with its neighbor, the Massachusetts General Hospital. However, it is a completely separate hospital under its own management and is entirely supported by its receipts from patients, its share in the Community Fund, and by the voluntary gifts and bequests from its friends.

The wards and out-patient clinics of the Infirmary are open only to patients who are not able to pay doctors' fees. In addition, a certain number of private patients under the care of staff physicians are accommodated. All patients, in the clinics and wards as well as in private rooms, have the medical and surgical care of the staff who are specialists in Ophthalmology and Oto-Laryngology.

The Out-Patient Department, with the entrance on Fruit Street, is open daily except Sunday and legal holidays, from 8 to 10 A.M., for a fee of \$1.50 per clinic visit. After a preliminary interview, out-patients are examined by the clinic doctor and treatment is prescribed. If further treatment is necessary, the out-patient is given an appointment for his next visit.

Whenever possible, patients should bring a letter from their own doctor, recommending that they be admitted to the Infirmary. But if a patient gives satisfactory evidence that he is not being treated by another doctor and is not able to pay for care by a private physician, he is eligible for treatment in the

clinics. In cases of emergency, patients are admitted at any time.

These rules about recommendation for admission also apply to the hospital wards. Patients are admitted to the wards by appointment with the Admitting Office, 243 Charles Street, from 9:30 to 12:30 daily except Sunday and legal holidays. The rates are \$6.50 a day for board and room with special services such as operating room and anesthesia fees, laboratory tests, X-Ray, extra.

Arrangements for admission to private rooms are made by the staff physician in charge of the patient. Daily rates for private care are \$10 for a single room, \$8 for semi-private accommodations. Patients arrange with their own doctor about his fees which are paid directly to him.

Associated Hospital Service (Blue Cross) plans are accepted at the Infirmary, such benefits being allowed as soon as approval has been received. All other non-profit insurance is handled by the patient for himself and he pays the regular rates.

OFFICERS

BOARD OF MANAGERS 1946-47

PRESIDENT	- Henry Hixon Meyer	1937
	53 State Street, Boston	
SECRETARY	- James C. Howe	1914
	53 State Street, Boston	
TREASURER	- Horace W. Frost	1940
	74 State Street, Boston	

John F. Bowen*	845 Quincy Shore Drive, Wollaston	1946
William H. Claflin III	872 Concord Avenue, Belmont	1947
Charles P. Curtis	5 Court Street, Boston	1893-95, 1907
Mrs. Richard Cary Curtis	215 Warren Street, Brookline	1940
Edmund V. Keville	49 Federal Street, Boston	1942-43, 1945
Patrick A. O'Connell*	154 Tremont Street, Boston	1934
William A. Parker	1 Court Street, Boston	1935
Henry W. Porter	158 Willard Road, Brookline	1945
Mrs. Sullivan A. Sargent	701 South Street, Needham	1945
Walter H. Trumbull	Weston	1929
Frederic Winthrop	Ipswich	1943

*appointed by the Commonwealth

EXECUTIVE COMMITTEE: Mr. Meyer, Mr. Howe, Mr. Frost, Mr. Parker

FINANCE COMMITTEE: Mr. Meyer, Mr. Frost, Mr. Parker

LADIES' VISITING COMMITTEE

CHAIRMAN - Mrs. Sullivan A. Sargent
VICE-CHAIRMAN - Mrs. Harold Peabody
SECRETARY - Mrs. John E. Thayer, Jr.
TREASURER - Mrs. Richard Cary Curtis

Mrs. Arlie V. Bock	Mrs. Harold L. Higgins	Mrs. Edward J. R. Ropes
Mrs. John Bryant	Mrs. Francis T. Hunter	Mrs. LeRoy A. Schall
Mrs. Harry P. Cahill	Mrs. Charles I. Johnson	Mrs. Reginald H. Smithwick
Mrs. Nathaniel D. Clapp	Mrs. Varasztad H. Kazajian	Mrs. William B. Snow, Jr.
Mrs. Livingston Davis	Mrs. Andrew Mason	Mrs. Leslie Soule
Mrs. Weld Douglass	Mrs. William W. McCarthy	Mrs. Channing Swan
Mrs. Edwin B. Dunphy	Mrs. Henry D. Minot	Mrs. Thomas C. Thacher
Mrs. Henry Erhard	Mrs. Harris P. Mosher	Mrs. Benjamin A. G. Thorndike
Mrs. John W. Farley	Mrs. Noel Morss	Mrs. Robert Truesdale
Mrs. Reginald Foster	Mrs. Eugene Record	Mrs. F. H. Verhoeff
Mrs. Trygve Gundersen	Mrs. Franklin A. Reece	Mrs. Gordon White
Mrs. George Freeman Hall	Mrs. John R. Richardson	Mrs. Albert B. Williams
Mrs. Samuel E. Hall	Mrs. Arthur L. Richmond	Mrs. John I. Wylde

SOCIAL SERVICE ADVISORY COMMITTEE: Mr. Porter, Chairman, Paul A. Chandler, M.D., Mrs. Curtis, Mrs. Peabody, Mrs. Soule

PUBLIC RELATIONS ADVISORY COMMITTEE: Mr. Porter, Chairman, Mrs. Farley, David G. Cogan, M.D.

EXECUTIVE OFFICERS

DIRECTOR.....Nathaniel W. Faxon, M.D.

ASSISTANT DIRECTOR.....Francis S. Hill

ASSISTANT TO THE DIRECTORAnnie M. Robertson, R.N.

CHIEF OF OPHTHALMOLOGY.....Edwin B. Dunphy, M.D.

CHIEF OF OTOTOLOGY and LARYNGOLOGY.....LeRoy A. Schall, M.D.

SUPERINTENDENT, NURSING SERVICE

and TRAINING SCHOOL.....Dorothy M. Tarbox, R.N.

ADMINISTRATIVE ASSISTANTS, in

Charge of ADMITTING OFFICE.....Ruth M. Hutchinson, R.N.

Walborg L. Peterson, R.N.

Henrietta Olsen, R.N.

HEADS OF DEPARTMENTS

ACCOUNTING - Frances M. Hernan

DIETARY - Lynette J. Bishop; Wauneta B. Westcott

HOUSEKEEPING - Kitrena C. Akins

MAINTENANCE - Raymond V. Kinsman

MEDICAL RECORDS - E. Louise Seymour, R.R.L.

MEDICAL SOCIAL SERVICE - Eunice W. Wilson, B.S.

OCCUPATIONAL THERAPY - Linda F. Hall

OPTICAL SHOP - Albert E. Maver

PERSONNEL - Lois D. McCoy

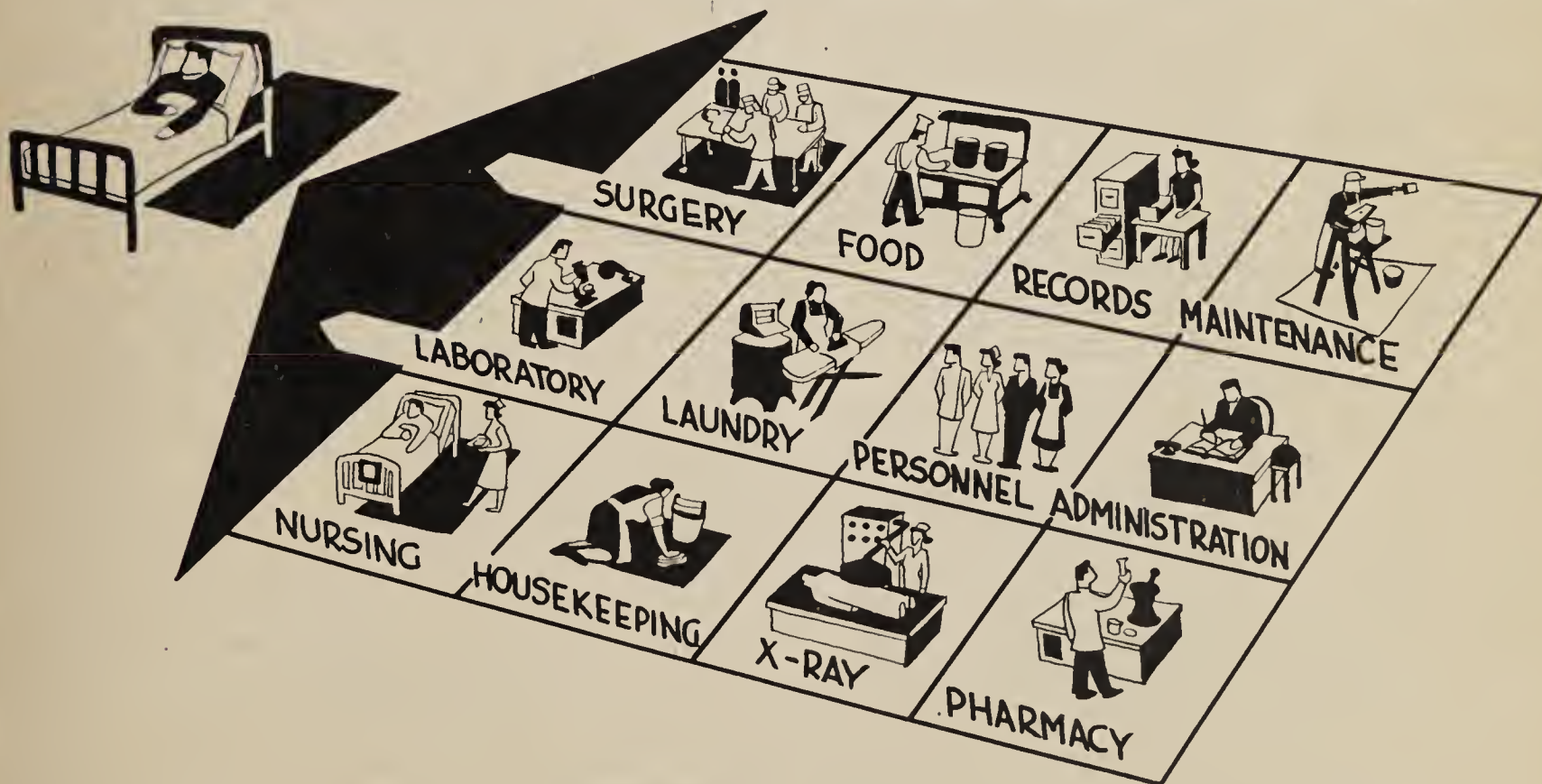
PHARMACY - John Murphy

PUBLIC RELATIONS - Virginia Gerould

PURCHASING - Allen H. Mathewson

STORE - Harold E. Hines

FOR EACH HOSPITAL BED



DEPARTMENT OF OPHTHALMOLOGY

Chief of Ophthalmology
Edwin B. Dunphy, M.D.

Consulting Chief of Ophthalmology
Frederick H. Verhoeff, M.D.

Surgeons in Ophthalmology

Benjamin Sachs, M.D.
Paul A. Chandler, M.D.
William P. Beetham, M.D.

Virgil G. Casten, M.D..
Trygve Gundersen, M.D.
Fred S. Thorne, M.D.

Associate Surgeons in Ophthalmology

Ralph H. Ruggles, M.D.

David G. Cogan, M.D.

Merrill J. King, M.D.

Assistant Surgeons in Ophthalmology

Edward E. Covitz, M.D.
Hugh C. Donahue, M.D.
Mahlon T. Easton, M.D.
Herman P. Grossman, M.D.
Paul G. Haire, M.D.
Brendan D. Leahey, M.D.

S. Forrest Martin, M.D.
Harry K. Messenger, Ph.D., M.D.
Albert E. Sloane, M.D.
Garrett L. Sullivan, M.D.
H. Frederick Stephens, M.D.
Thomas Cavanaugh, M.D.

Earl S. Seale, M.D.

Senior Clinical Assistants in Ophthalmology

Harry E. Braconier, M.D.
Calvin B. Chamberlain, M.D.
Julian F. Chisholm, Jr., M.D.
Joseph M. Clough, M.D.
A. William Collinson, M.D.
Linley C. Happ, M.D.
Carl C. Johnson, M.D.

Sumner D. Liebman, M.D.
Henry A. Mosher, M.D.
Joseph Lo-Presti, M.D.
Abraham Pollen, M.D.
Daniel J. Reagan, M.D.
Karl Riemer, M.D.
Paul M. Runge, M.D.

Linus A. Sheehan, M.D.

Clinical Assistants in Ophthalmology

Thomas F. Capeles, M.D.
William F. Donoghue, M.D.

Lloyd J. Duest, M.D.
Arthur M. Morrissey, M.D.

Bertha Offenbach, M.D.

Residents in Ophthalmology

C. Gustave Bahn, M.D.
Lawrence B. Holt, M.D.
A. Ray Irvine, Jr., M.D.
Alfred Kant, M.D.
Warren W. LaPierre, M.D.

Charles H. McLaughlin, M.D.
Lloyd Mills, 2nd., M.D.
Everett C. Moulton, M.D.
Mayo J. Poppen, M.D.
William Stone, Jr., M.D.

CONSULTING SURGEONS IN OPHTHALMOLOGY

Walter B. Lancaster, M.D.
Peter H. Thompson, M.D.
Samuel J. McDonald, M.D.
Hugo B. C. Riemer, M.D.
J. Herbert Waite, M.D.

Edmund W. Clap, M.D.
Henry Hawkins, M.D.
Samuel H. Wilkins, M.D.
Edwin B. Goodall, M.D.
John G. Jennings, M.D.

DEPARTMENT OF OTO-LARYNGOLOGY

Chief of Otology and Laryngology

LeRoy A. Schall, M.D.

Surgeons in Oto-Laryngology

Philip E. Meltzer, M.D.

Moses H. Lurie, M.D.

Gustave B. Fred, M.D.

Robert L. Goodale, M.D.

Francis L. Weille, M.D.

Philip Mysel, M.D.

Charles I. Johnson, M.D.

Surgeon for Bronchoscopy and Esophagoscopy

Lyman S. Richards, M.D.

Surgeon for Tumor Clinic

Carl H. Ernlund, M.D.

Associate Surgeons in Oto-Laryngology

Maurice G. Evans, M.D.

John R. Richardson, M.D.

Charles H. Allman, M.D.

Vincent J. Kelley, M.D.

Associate Surgeon for Plastic Operations

Edgar M. Holmes, M.D.

Assistant Surgeons in Oto-Laryngology

Walter J. E. Carroll, M.D.

John R. Frazee, M.D.

Donald K. Lewis, M.D.

Burton E. Lovesey, M.D.

Werner Mueller, M.D.

Josiah E. Quincy, M.D.

Joshua C. Drooker, M.D.

Joseph Lentine, M.D.

Clinical Assistants in Oto-Laryngology

John J. Ayash, M.D.

Calvin M. Cerrato, M.D.

Elizabeth DeBlois, M.D.

Kenneth Kazanjian, M.D.

George Kelemen, M.D.

Charles Kent, M.D.

Edward F. Lawlor, M.D.

Daniel Miller, M.D.

Aram Roopenian, M.D.

Alphonse L. Senecal, M.D.

Frank R. Shlossberg, M.D.

Herman J. Sternstein, M.D.

Rudolph E. Swenson, M.D.

Richard C. Webster, Jr., M.D.

Clinical Assistant for Bronchoscopy & Esophagoscopy

Edward B. Benedict, M.D.

Residents in Oto-Laryngology

Gordon H. Bobbett, M.D.

David W. Brewer, M.D.

Richard R. Goldcamp, M.D.

Horst J. Heinicke, M.D.

Norman Jesberg, M.D.

Charles M. Leconte, M.D.

Joseph P. McEneaney, M.D.

John E. McKeigue, M.D.

J. H. Tom Rambo, M.D.

CONSULTING SURGEONS IN OTO-LARYNGOLOGY

Frederick L. Jack, M.D.

Joseph L. Goodale, M.D.

George L. Tobey, Mr., M.D.

D. Harold Walker, M.D.

Calvin B. Faunce, M.D.

Frederick E. Garland, M.D.

Frederick L. Bogan, M.D.

Harry A. Barnes, M.D.

Harris P. Mosher, M.D.

Leon E. White, M.D.

George H. Poirier, M.D.

Edwards Herman, M.D.

Varaztad H. Kazanjian, M.D.

Harold H. Tobey, M.D.

Anesthetist
Henry K. Beecher, M.D.

Assistant Anesthetist
John H. Tucci, M.D.

Roentgenologist
A. S. Macmillan, M.D.

Consulting Pathologist
Tracy B. Mallory, M.D.

CONSULTANTS
Consulting Physicians

James H. Means, M.D.
F. Dennette Adams, M.D.
Fuller Albright, M.D.
Joseph C. Aub, M.D.
Walter Bauer, M.D.
Arlie V. Bock, M.D.
Chester M. Jones, M.D.
Donald S. King, M.D.
Francis M. Rackemann, M.D.
Wyman Richardson, M.D.
Paul D. White, M.D.
Myles P. Baker, M.D.
William W. Beckman, M.D.
Edward F. Bland, M.D.
Earle M. Chapman, M.D.
Greene FitzHugh, M.D.
Maurice Fremont-Smith, M.D.
Francis T. Hunter, M.D.
Alfred Kranes, M.D.
Jacob Lerman, M.D.
Robert S. Palmer, M.D.
Helen S. Pittman, M.D.
Rulon W. Rawson, M.D.
Marion W. Ropes, M.D.
Charles L. Short, M.D.

Dwight L. Siscoe, M.D.
Howard B. Sprague, M.D.
James H. Townsend, M.D.
Allen G. Brailey, M.D.
Walter S. Burrage, M.D.
John W. Cass, Jr., M.D.
Richard J. Clark, M.D.
Milton H. Clifford, M.D.
Briant L. Decker, M.D.
John H. Fay, M.D.
James A. Halsted, M.D.
Reed Harwood, M.D.
William R. Hill, Jr., M.D.
Howard B. Jackson, M.D.
Bernard M. Jacobson, M.D.
Dana L. Farnsworth, M.D.
T. Duckett Jones, M.D.
Richard B. King, M.D.
Sylvester McGinn, M.D.
John P. Monks, M.D.
Milton J. Quinn, M.D.
George P. Sturgis, M.D.
Roy R. Wheeler, M.D.
Conger Williams, M.D.
John W. Zeller, M.D.

Consulting Dermatologists

C. Guy Lane, M.D.
Jacob H. Swartz, M.D.
John Adams, Jr., M.D.
Austin W. Cheever, M.D.

G. Marshall Crawford, M.D.
Ethel M. Rockwood, M.D.
Mildred Ryan, M.D.
Maurice M. Tolman, M.D.

Consulting Neurologists

Charles S. Kubik, M.D.
Henry R. Viets, M.D.
G. Colket Caner, M.D.

Madelaine R. Brown, M.D.
Edwin M. Cole, M.D.
Augustus S. Rose, M.D.

Robert S. Schwab, M.D.

Consulting Psychiatrists

Stanley Cobb, M.D.
Kenneth J. Tillotson, M.D.
Jacob E. Finesinger, M.D.
Erich Lindemann, M.D.
L. Raymond Morrison, M.D.

Bernard Bandler, M.D.
Herbert Barry, Jr., M.D.
R. Barry Bigelow, M.D.
Vernon P. Williams, M.D.
Alfred O. Ludwig, M.D.

Jackson M. Thomas, M.D.

Consulting Pediatricians

Allan M. Butler, M.D.
Joseph Garland, M.D.
Arthur Bates Lyon, M.D.
Eli C. Romberg, M.D.
Richard C. Tefft, Jr., M.D.
Leo B. Burgin, M.D.

Ralph W. Daffinee, M.D.
Ralph A. Ross, M.D.
Nathan B. Talbot, M.D.
William J. Turtle, M.D.
Erna G. Anderson, M.D.
Gertrud C. Reyersbach, M.D.

Consulting Surgeons

Arthur W. Allen, M.D.
Edward D. Churchill, M.D.
Leland S. McKittrick, M.D.
Ernest M. Daland, M.D.
Robert R. Linton, M.D.
Horatio Rogers, M.D.
Richard H. Wallace, M.D.
Claude E. Welch, M.D.
Franklin G. Balch, Jr., M.D.
Bradford Cannon, M.D.
Lamar Soutter, M.D.
Oliver Cope, M.D.
Langdon Parsons, M.D.
Horace K. Sowles, M.D.

Richard H. Sweet, M.D.
Grantley W. Taylor, M.D.
Marshall K. Bartlett, M.D.
Henry H. Faxon, M.D.
E. Parker Hayden, M.D.
Gordon A. Donaldson, M.D.
Ward I. Gregg, M.D.
Edward Hamlin, Jr., M.D.
Francis D. Moore, M.D.
Ira T. Nathanson, M.D.
Fiorindo A. Simeone, M.D.
Fred A. Simmons, Jr., M.D.
Somers H. Sturgis, M.D.
Richard Warren, M.D.

Howard Ulfelder, M.D.

Consulting Neurosurgeons

James C. White, M.D.

Jost J. Michelsen, M.D.

William H. Sweet, M.D.

Consulting Orthopedists

Joseph S. Barr, M.D.
Armin Klein, M.D.
William A. Rogers, M.D.
George W. VanGorder, M.D.
Edwin F. Cave, M.D.

Otto E. Aufranc, M.D.
Robert J. Joplin, M.D.
Carroll B. Larson, M.D.
John A. Reidy, M.D.
Paul L. Norton, M.D.

Consulting Urologists

Fletcher H. Colby, M.D.
Richard Chute, M.D.

Sylvester B. Kelley, M.D.
Wyland F. Leadbetter, Jr., M.D.

Howard I. Suby, M.D.

Consulting Pathologists

Francis T. Hunter, M.D.
Wyman Richardson, M.D.
Charles S. Kubik, M.D.

Benjamin Castleman, M.D.
Donald C. Sniffen, M.D.
David G. Freiman, M.D.

Consulting Radiologists

Laurence L. Robbins, M.D.
Richard Schatzki, M.D.

Toufic H. Kalil, M.D.
Milford D. Schulz, M.D.

Stanley M. Wyman, M.D.

Consulting Endoscopist
Edward B. Benedict, M.D.

Consulting Bacteriologist
Louis Dienes, M.D.

Consultant in Contagious Diseases
Edwin H. Place, M.D.

Consultant in Preventive Medicine
John E. Gordon, M.D.

Consultant in Pharmacology

Otto Kraye, M.D.

OUT-PATIENT DEPARTMENT

ASSISTANT DIRECTOR - Ferdinand Haase, Jr., M.D.
SUPERVISOR - E. S. Campbell, R.N.

EYE CLINIC
ANISEIKONIC CLINIC
GLAUCOMA CLINIC
ORTHOPTIC CLINIC
PERIMETRY ROOM
VISION ROOM

EAR, NOSE AND THROAT CLINIC
PROGRAM FOR THE DEAF
Winthrop Foundation
Clinic for the Deaf
HEARING TEST ROOM
CONSULTATION: TUMOR CLINIC
ALLERGY CLINIC
PLASTIC CLINIC

HOWE LABORATORY OF OPHTHALMOLOGY

DIRECTOR
David G. Cogan, M.D.

STAFF

Henry F. Allen, M.D.	W. Morton Grant, M.D.
Albert S. Biegel, M.D.	V. Everett Kinsey, Ph.D.
Trygve Gundersen, M.D.	Albert N. Lemoine, M.D.
Elek J. Ludvigh, Ph.D.	

HOWE LIBRARY OF OPHTHALMOLOGY

LIBRARIAN: Jeanette Loessl

THE BOSTON EYE BANK - Serving New England

EXECUTIVE COMMITTEE

Edwin B. Dunphy, M.D.
Henry Hixon Meyer
William S. Ballard

EXECUTIVE SECRETARY: Mrs. W. J. Prowse, Jr.

REPORT FOR THE BOARD OF MANAGERS

Reports of the several departments of the Infirmary appear elsewhere in this One Hundred and Twenty-First Annual Report. They tell the operational story in which I wish to underline a few aspects.

The Eye Bank, organized during the year and described hereafter, is the third such Eye Bank in the country and will supply eye tissue for the corneal transplant operation to surgeons in the New England area. The Winthrop Foundation for the deaf, established in 1945, was expanded during 1946, and most recently has added an operating room with the latest equipment for the fenestration operation in relief of deafness.

Medical Social Service has played an increasingly important part in the activities of the Infirmary during recent years and 1946 saw further additions to its staff and scope. The first report of the Department of Public Relations, which appears in this Annual Report, justifies its inception a year ago. Also this year, anesthesia was elevated to the status of a department under the direction of Dr. Henry K. Beecher, with Dr. John H. Tucci as full-time assistant.

It would be possible to tell what diseases of the eye, ear, nose or throat are currently the most serious and baffling medical problems by following the often pioneer research being done in the four laboratories at the Infirmary. For example, the Howe Laboratory of Ophthalmology is making a study of glaucoma, the Pathological Laboratory is working on blindness in premature babies, the Mosher Laboratory on the increasing incident of cancer of the larynx, and the Bacteriological Laboratory on the infections and their treatment with the newer drugs such as penicillin and streptomycin.

ALL ACCOMODATIONS CROWDED

During the war, the out-patient visits dropped from about 100,000 per year to 68,000 in 1945, reflecting the absence of many prospective patients in war service and increased earning power on the part of those who remained at home. Admissions to the hospital during the same years followed a similar trend but to a lesser degree. While admissions to the wards decreased from 5,100 to 4,031, admissions to private beds rose from 1,602 to 2,170.

In 1946, out-patient visits rose to 72,570 and hospital admissions to 6,372. Private accommodations, which have never been sufficient at the Infirmary, were taxed beyond belief.

For many years rates in the out-patient clinics and wards of the so-called teaching hospitals have been fixed at less than cost. In effect, this has provided part free care for all patients, whether or not they were able financially to pay costs. It has become obvious to all that this practice must be discontinued because income from endowments and allotments from the Community Fund are insufficient to meet the mounting hospital deficits. Furthermore, the hospitals believe that those able to pay costs should do so, in order that the less fortunate may continue to receive the best possible care at prices within their means, or entirely free if they are unable to pay anything. To that end, our out-patient rate was increased on January 1, 1946, to \$1.50 per clinic visit and our ward rate to \$6.50 per day plus extras.

COOPERATION WITH THE GENERAL HOSPITAL

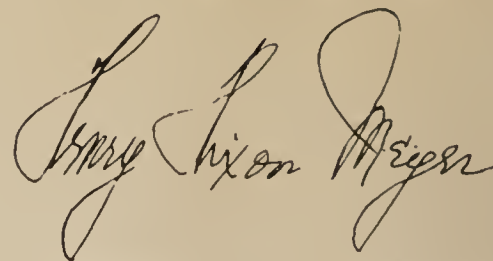
In these days of mounting hospital deficits, it is appropriate to record the cooperative relationship which has existed for many years between the Infirmary and its neighbor, the Massachusetts General Hospital. The two separate and distinct institutions operate their out-patient clinics together, maintain joint purchasing and maintenance departments, purchase their heat, light and power as a unit, and cooperate to their mutual financial advantage in such ways as the training of nurses and doctors.

Such cooperation may tend to produce in the minds of the public a belief that the specialist hospital is merely a department of the General Hospital. I have found this belief quite prevalent, and it must be overcome in order to maintain the financial support of the Infirmary as well as its prestige, but always without lessening the cooperative spirit which now exists. The Department of Public Relations will assist greatly in an orderly solution of this problem.

Now as to the future - in spite of all the imponderables. Hospital expenses will continue to rise but I believe by prudent management the operating deficits of the Infirmary can be kept within bounds.

The present building requires modernization. Some work along these lines has been completed and a great deal more will be accomplished during 1947. The Infirmary also needs larger quarters for its laboratories, the executive offices, admitting office, and for private and semi-private patients. To provide these facilities, a wing is now being planned.

One thing is certain. The Infirmary must and will grow and increase its services to the community.



President, Board of Managers

SERVICE PINS AWARDS

30 - 39 Years

Charles Fowler, Orderly
Albert Maver, Head Optician, OPD.

20 - 29 Years

Mrs. Elizabeth T. Farley, Assistant Bookkeeper
Ruth M. Hutchinson, R.N., Executive Assistant
Mrs. Helen F. Kirwin, Assistant Director, Social Service
A.S. Macmillan, M.D., Roentgenologist
John McGinnis, Orderly
Florence Morrissey, R.N., Anaesthetist
John Murphy, Pharmacy
Frances Oppen, Secretary
Anne Raymond, Attendant (awarded posthumously)

10 - 19 Years

Mrs. Ruth B. Adair, Social Service
Mrs. Kitrena C. Akins, Housekeeper
Hilda G. Blaisdell, R.N., Supervisor of Nurses
Francis Carney, Night Orderly
James Connolly, Chef
Leah F. Cook, Secretary

John Evans, Second Cook
Vincent Farley, Assistant Optician
Thelma Farmer, Refractionist
Nathaniel W. Faxon, M.D. Director
Marion D. Floyd, Supervising Head Dietitian
Mary Foley, Mangle Operator
Eileen M. Gilmartin, R.N., Instructor of Nursing
Frances M. Hernan, Chief Accountant
Albert F. Kelley, Night Watchman
Elek Ludvig, M.D., Instructor, Physiological Optics
Tracy B. Mallory, M.D., Consulting Pathologist
Edna McCarthy, Attendant
Nellie Morgan, Mangle Operator
Henrietta I. Olson, R.N., Executive Assistant
Lillian A. Peck, Dental Hygienist
Walborg L. Peterson, R.N., Executive Assistant
Mrs. Belle Roberts, Head Laundress
Annie M. Robertson, R.N., Assistant to the Director
Anna H. Remick, Ward Information
Renee Spiesman, Maid
Dorothy M. Tarbox, R.N., Superintendent of Nurses
Mary Trowbridge, Maid, Nurses' Home
Elizabeth A. Ward, R.N., Supervisor, Operating Room
Robert Whalen, Janitor, Nurses' Home

REPORT OF THE TREASURER

In submitting the Treasurer's report of the figures for the year 1946, a brief review of the recent financial situation of the Infirmary, particularly during the war years, may be of interest.

The Infirmary derives its income to meet expenses from three main sources: (1) the rates charged to those patients who can pay wholly or in part for services, room and board, (2) the net income from invested capital funds, and (3) contributions from public and private sources, including the annual allotments received through the Greater Boston Community Federation.

As noted in the accompanying statement for the year 1946, the hospital expenses exceeded hospital income by \$130,569.38. After including the other sources of income mentioned above, the overall deficit for the year amounted to \$11,237.22.

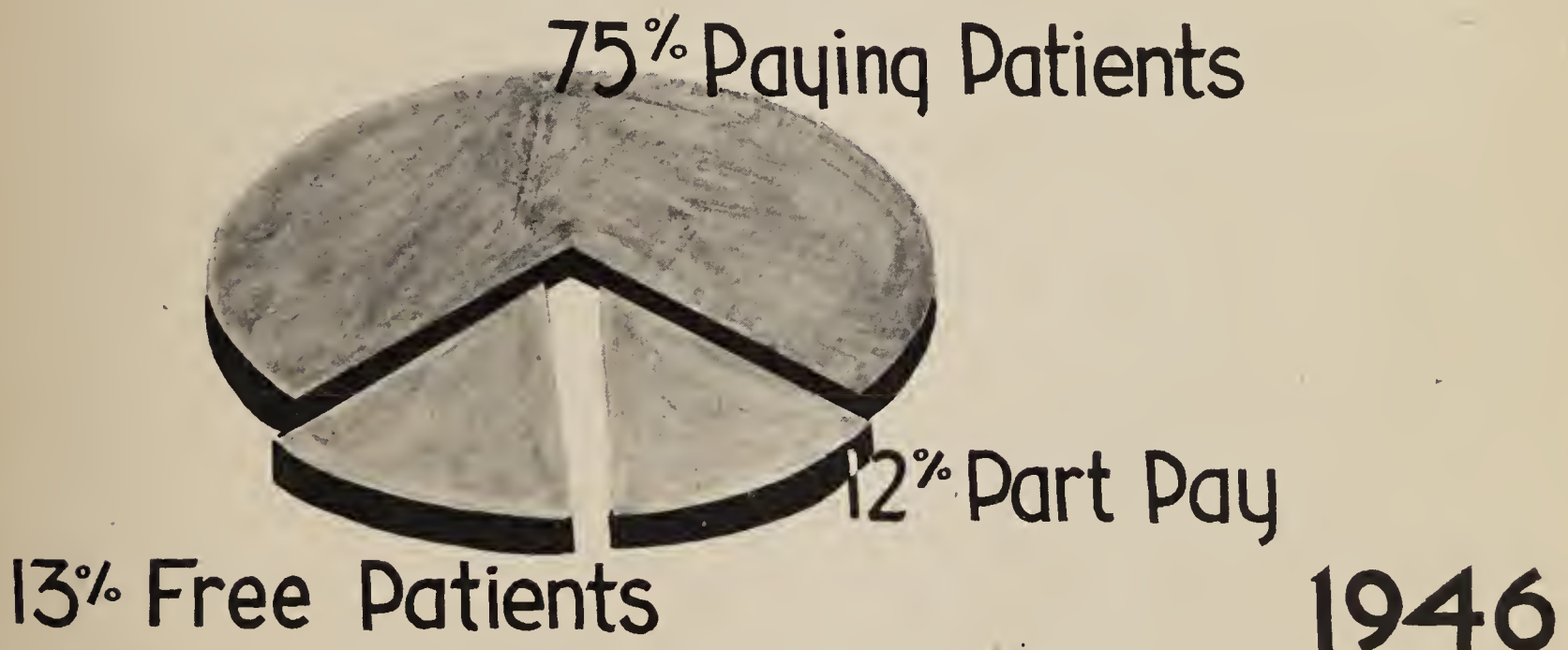
With the single exception of the year 1942, the Infirmary has shown an annual deficit in each year since 1939. These annual deficits have ranged from approximately \$8,000 to \$15,000 except in 1945 when the figure was \$55,000 - due largely

to extensive deferred maintenance undertaken in that year. Taken by individual years, these deficits have not been large in relation to the Infirmary's funds, but in the aggregate they have depleted capital funds to a substantial extent. An institution, like most individuals, cannot exist indefinitely upon capital. We have been fortunate, however, in receiving substantial gifts and legacies during this period.

The rapid increases in operating costs, discussed elsewhere in this Annual Report, threaten further impairment of our capital funds. With the pressing need for new buildings and equipment, the hospital's endowment must be substantially increased if it is to continue to render adequate service to the people of New England.

Condensed statements of the assets and liabilities of the Infirmary, and its 1946 income and expenses, as prepared by Messrs. Patterson, Teele & Dennis, Auditors, follow.

Harold W. Frost
Treasurer



OPERATING ANALYSIS	1946	1945
Income from patients	\$629,213.26	\$449,004.33
Income from other sources	<u>19,786.80</u>	<u>21,056.60</u>
TOTAL GROSS HOSPITAL INCOME.....	\$649,000.06	\$470,060.93
Allowances to patients for free care	90,095.82	50,278.64
Provision for bad debts	<u>9,971.35</u>	<u>10,951.25</u>
TOTAL DEDUCTIONS.....	\$100,067.17	\$ 61,229.89
NET INCOME	\$548,932.89	408,831.04
Salaries and wages	362,435.14	284,921.70
Supplies and expenses	180,566.19	146,654.51
Out-Patient Department expenses	<u>127,315.94</u>	<u>127,075.52</u>
TOTAL OPERATING EXPENSES	\$670,317.27	\$558,651.73
Hospital operating deficit	121,384.38	149,820.69
Extraordinary expenses	<u>9,185.00</u>	<u>19,095.14</u>
TOTAL HOSPITAL DEFICIT	\$130,569.38	\$168,915.83

INCOME ACCOUNT

For the year ended December 31, 1946

HOSPITAL INCOME AS PER DIRECTOR'S REPORT.....		\$548,932.89
Less: Hospital operating expenses per Director's report	\$679,502.27	
Hospital operating expenses charged directly to Permanent Funds	<u>22,027.52</u>	
	\$701,529.79	
Deduct: Hospital operating expenses chargeable against Permanent Funds		
Income -	\$7,200.77	
Principal -	<u>14,826.75</u>	<u>22,027.52</u>
NET HOSPITAL EXPENSES		<u>\$679,502.27</u>
EXCESS OF HOSPITAL EXPENSES OVER INCOME		\$130,569.38
Income from investment securities, less income applicable to Restricted Funds not expended	\$86,663.62	
Receipts from Community Federation of Boston, Committee of the Permanent Charity Fund, Inc., Estates of Elisha V. Ashton, Albert N. Blodgett, G. Gorham Peters, Helen O. Storrow, and contributions for general purposes (excluding those for special purposes)	\$37,431.81	
Reimbursement of expenditures chargeable against Building Fund	<u>368.27</u>	
	\$124,463.70	
Less: Treasurer's disbursements	<u>5,131.54</u>	<u>119,332.16</u>
EXCESS OF EXPENDITURES OVER INCOME ON INCOME ACCOUNT.....		\$11,237.22

BALANCE SHEET

December 31, 1946

ASSETS:

Land and buildings, book value		\$491,741.99
Investments, book value:		
Securities	\$2,255,205.88	
Interest in parcel of real estate	<u>1.00</u>	
		2,255,206.88
Cash on hand:		
Capital	179,531.12	
Income	<u>10,601.37</u>	
		190,132.49
Accounts receivable:		
Patients (less reserve)	35,087.97	
Miscellaneous	18,085.09	
		53,173.06
Inventory of supplies, etc.		<u>15,702.62</u>
TOTAL ASSETS.....		\$3,005,957.04

FUNDS AND LIABILITIES:

General Fund	\$1,587,063.74
Permanent Funds - Income Restricted	455,940.05
Permanent Funds - Income Unrestricted	916,186.00
Special Purpose Funds	31,721.88
Unexpended restricted income	10,601.37
Accounts payable and accruals	12,508.04
Advances from Patients	<u>935.96</u>
TOTAL FUNDS AND LIABILITIES	\$3,005,957.04

SUMMARY OF INVESTMENTS

As of December 31, 1946

BONDS	Book Value	Market Value	% Mkt. Value
U. S. Government	\$407,882.	\$405,800.	15.7%
Canadian	19,172.	21,800.	.8
Railroad	295,900.	295,625.	11.4
Public Utility	111,006.	110,500.	4.4
Industrial	65,086.	65,720.	2.5
Miscellaneous	15,175.	15,000.	.6
	<u>\$914,221.</u>	<u>\$914,445.</u>	<u>35.4%</u>
PREFERRED STOCKS	\$211,644.	\$239,050.	9.3%
COMMON STOCKS			
Railroad	\$122,579.	\$120,200.	4.7%
Public Utility	166,526.	191,010.	7.4
Industrial	478,515.	611,750.	23.6
Bank & Miscellaneous	261,217.	276,395.	10.8
	<u>\$1,028,837.</u>	<u>\$1,199,355.</u>	<u>46.5%</u>
WINTHROP FUND (Securities & Cash)	\$90,154.	\$82,802.	3.1%
OTHER FUNDS	\$15,448.	\$14,993.	.6%
CASH - GENERAL FUND	<u>\$131,588.</u>	<u>\$131,588.</u>	<u>5.1%</u>
	<u>\$2,391,892.</u>	<u>\$2,582,342.</u>	<u>100.0%</u>

GIFTS AND BEQUESTS FOR 1946

The Massachusetts Eye and Ear Infirmary is grateful for all gifts, large and small. We appreciate the thoughtful friends who send glasses no longer used...the group of faithful workers who make eye bandages...the many contributors, from the patient who leaves a few dollars for the Free Bed Fund...to the loyal supporters who give generously year after year.

Because of space limitations, only financial gifts of \$50 and over, given during the year 1946, will be listed in this Annual Report.

Charles F. Ayer Gift.	\$176.77	Samuel Cline	\$100.
Alumni Fund	1993.	Godfrey M. Hyams Trust . . .	2,500.
Cancer of Larynx Research		And others	25.
from American Cancer Society, Mass.		Occupational Therapy Fund	\$ 498.55
Div.	500.	Mrs. Richard Cary Curtis. . . .	225.
Esophageal Voice Class		Ladies Visiting Committee . . .	250.
from American Cancer Society, Mass.		And others	23.55
Div.	500.	Otosclerosis Fund	1,050
Chairs for patients' bedside		Mrs. Robinson Shepard	900.
from Mrs. Richard Cary Curtis.	788.94	Priscilla Flockton, M.D.	150.
Christmas Fund		Otosclerosis Research Fund.	3,010
from Lotta B. Crabtree Fund, and		Dr. Julius Lempert	2,000.
others	102.	Lempert Institute of Otology .	1,000.
Free Bed Fund	856.73	And others	10.
Ernest E. Wheeler	500.	Pathological Laboratory Re-	
Francis D. Robbins	200.	search Funds	3,490.
Mass. Charitable Fire Society. .	50.	Dorothy Atkinson.	250.
And others	106.73	Theodore C. Hollander	
Italian Memorial Fund	1,670.25	Fund	3,000.
Lawrence Albertelli	100.	William D. Mitchell.	200.
Mr. & Mrs. Romeo C. Ajello. . .	100.	And others	40.
Mr. & Mrs. Attilio Balboni . . .	100.	Premature Baby Fund.	621.78
Miss Emma Cuneo	100.	38 individual donors	
Junior Mrs. Club.	100.	Neal Rantoul Fund, addition	15,870
Order of Sons of Italy,		Social Service Fund	
Grand Lodge of Mass.	470.25	from Greater Boston Community	
Mr. & Mrs. Carmine Minichiello	100.	Fund	600.
Thomas A. Pappas	50.	Elizabeth R. Stevens Estate	237.59
Rev. Fr. Nazzareno Properzi . .	50.	Stephen C. Train Estate.	20,000.
Alfred Scaramelli	100.	Elizabeth Downs Wadsworth Legacy.	52,223.68
St. Leonard Church		Nelson Weeks Fund	
Rev. Fr. Daniel Schiavone . .	100.	from Permanent Charity Fund.	750.
Rev. Fr. Louis Tonia.	50.	Dr. Weille Special Purpose Fund	10,500.
Women's Italian Club of Boston .	50.	William S. Eaton.	9,500.
And others	200.	Anonymous Gift	1,000.
Mosher Laboratory Fund.	2,625.00	Frederic & Robert Winthrop Fund.	48,050.

THE LADIES VISITING COMMITTEE

The outstanding project this year has been the part our Committee had in founding the Eye Bank at the Infirmary.

On October 9, Dr. Dunphy came to our meeting and told us about the proposed plans for the Eye Bank, how it would be run and what it would mean to New England. The success of the work in New York and the opportunity for a similar service here was so appealing that our Committee voted to give Dr. Dunphy \$5,000 in order that the project could start immediately. We are glad that we have the John and Martha Lawrence Fund which gave us the opportunity to take this active part in the founding of the Eye Bank here.

TOYS FOR THE NURSERY

Miss Hall, Occupational Therapy Director, brought to our attention the lack of proper toys in the Nursery. At our request, she made a list of what was needed and we gave \$100 with which to buy toys and voted \$50 a year for their upkeep. We also gave our regular donation of \$250 a year for supplies for the Occupational Therapy Department.

We have again tried to keep flowers on the front desk. And at Christmas time, Mrs. Kazanjian gave colorful poinsettias for the wards and Mrs.

Farley and Mrs. Snow, wreaths for the front doors both at the Infirmary and at the Nurses' Home. We also supplied candy and fruit for Thanksgiving as well as a Christmas tree and ice cream and cake for the Christmas party.

FOR THE NURSES' HOME

We feel that the Nurses' Home needs to be made more cheerful and home-like and are making plans to see what can be done. As a start, we gave a new tea set and three dozen attractive new cups and saucers for their afternoon tea. We have also furnished a room for the doctors to use as a sitting room and feel a great deal more can be done to make it attractive. As usual, we have supplied magazines and daily papers for the nurses, and one or two special magazines for the Social Service Department.

An electrically cooled drinking fountain for the Admitting Office waiting room was another gift from our Committee this year. We also expect to hold our annual Rummage Sale again this April and to make the sale a success so that we may continue to be of material help to the Infirmary.

Henry M. Sargent

Chairman, Ladies Visiting Committee

EVENTS OF THE YEAR

January - Rates increased, ward rates to \$5 a day, out-patient rates to \$1 a clinic visit.

February - Class at Massachusetts Institute of Technology School of Architecture are given the problem of remodelling the Infirmary as their thesis.

March - House Officers take over the second floor of the East Wing at the Nurses' Home, to ease the housing shortage.

April - Plans for the new wing are presented to the Board of Managers.

May - Residents on both eye and ear services are increased from eight to eleven in order to give post-war training under the GI Bill.

June - Public Relations Department initiated.

July - Nursery closed from the 3rd to the 29th, because of the shortage of nurses.

August - Private floor redecorated.

September - Rates again increased, ward rates to \$6, semi-private to \$8, private to \$10. Miss Tarbox made Superintendent of Nurses, with Miss Sleeper as advisor.

November - Room on second floor is set up for volunteers, special duty nurses. The Boston Eye Bank serving New England, is established at the Infirmary.

December - Anesthesia Department organized. Entrance lobby and first floor offices redecorated. Utility rooms renovation almost completed.

REPORT OF THE DIRECTOR

The report for the Year 1946 has been written by the Assistant Director, Mr. Hill. As Director, I wish first to express my thanks to the many loyal employees of the Infirmary, the Staff, the Ladies Visiting Committee and the Managers for their support and encouragement during the past year, and then to emphasize certain achievements and needs.

Dr. Terry's death necessitated a reorganization of the extensive studies of retrolental fibroplasia that he was carrying on at the Infirmary, Harvard Medical and Perkins Institute. At first financed by grants to the Infirmary, this responsibility has been accepted by the Foundation for Vision. Dr. Dunphy was appointed to continue the research at the Infirmary.

On October 30, 1946, the Boston Eye Bank was established at the Infirmary "to provide facilities for the collection, preservation and laboratory analysis of eye tissue and the distribution thereof for use in corneal transplant operations performed to improve the vision of persons whose blindness is caused by a damaged cornea." The Eye Bank also promotes programs of research and education in the field of vision.

"While designed to serve primarily the entire New England area, the Boston Eye Bank co-operates with other Eye Banks and their affiliated hospitals, especially the Eye Bank for Sight Restoration in New York City."

NEEDS OF THE INFIRMARY

The measure of an institution is not only what it does to alleviate suffering but also what it contributes to further medical progress. Progress comes from research. The Infirmary has four excellent laboratories: The Howe Laboratory of Ophthalmology, the Pathological Laboratory, the Mosher Laboratory of Oto-Laryngology and the Bacteriological Laboratory.

Research is now recognized and accepted as one of the essentials of a good hospital. Individuals

and Foundations have been generous in their support, but each discovery, each advance, seems merely to point the way to new problems. To this end, annual funds or endowments that will provide a satisfactory income for the support of research over extending years, are needed.

The cost of operating hospitals has nearly doubled in the last decade and the end is not yet. Despite increased charges to patients, both ward and private, grants from the Community Fund, and gifts from benefactors, each year has shown a net deficit which must be met by withdrawal from capital funds.

If the people of Boston, Massachusetts and New England wish that the Massachusetts Eye and Ear Infirmary continue to serve them in the coming years as in the past, they must support it adequately with annual gifts or by increasing its endowment fund. The Director has made this an annual appeal since 1937 and each year the need becomes greater.

For the past five years, the Director has reiterated the need of the Infirmary "to remodel the present building, add a new wing, and to provide up-to-date operating rooms, more private rooms, increased laboratory space and a teaching amphitheatre."

This need is so apparent that it seems incredible that money should not be immediately forthcoming. The Massachusetts Eye and Ear Infirmary is the outstanding institution in New England where diagnosis and treatment for blindness and deafness is available and where research for preventive and curative measures can best be carried on.

The Infirmary building, while still structurally sound, is now nearly fifty years old, and should be extensively remodelled. Two million dollars is needed. This is a challenge to the people of New England.

N. W. Faxon M.D.

Director

REPORT OF THE ASSISTANT DIRECTOR

Virtually all voluntary hospitals in the country faced two major problems during the year 1946, and the Infirmary was no exception.

One of these problems was the rapid and continuing increase in expenses throughout the year, and the other was the desperate shortage of personnel in the service departments of the hospital, particularly in the nursing department. As both these problems will undoubtedly be with us again in 1947, it might prove interesting to speak of them in some detail.

RISE IN COSTS

First let us show what it costs to run the hospital today compared to the years 1941 and 1944:

	Expenses	Salaries & Wages	Total
1941	\$222,522.01	\$252,376.92	\$474,898.93
1944	226,919.23	303,398.03	530,317.26
1946	250,216.64	420,100.63	670,317.27

These figures clearly show how wages are becoming a larger and larger proportion of total operating costs. In 1941, the proportion was only 53%, while in 1946, it was 63% of all costs.

During June a blanket increase in nurses' salaries was authorized by the Board of Managers. Later in the year the Minimum Wage Law was passed in this state, affecting the messenger, clerical and technical group. In addition, there were general increases in nearly all departments throughout the hospital to bring them into line. As most of these increases were put into effect in the latter part of the year, we may expect the total payroll for 1947 to be even larger than for 1946.

The one pleasant feature of these increases, however, is the feeling that the Infirmary has gone a long way toward meeting the wage scale in industry in this area.

Other expenses rose rapidly along with wages. Prices of new equipment, drugs, optical supplies, X-Ray films, all increased 15% or more. During the fall, food costs jumped \$5,000 in one month. However, there are rather definite indications that prices are stabilizing, and will be more predictable in the months to come.

Faced with these violent increases in cost, the Infirmary had no choice but to raise rates. This was done promptly by the Board of Managers at the beginning of the year, again in September, and finally at the end of the year. To show how these three increases affect a ward patient coming to the Infirmary for an operation requiring hospitalization for seven days (the average stay of our patients), we submit the following estimate:

	December 1945	January 1947
Board	\$28.00	\$45.50
Operating Room	5.50	10.00
Anesthesia	0	5.00
Laboratory tests	2.00	2.00
	<u>\$35.50</u>	<u>\$62.50</u>

In other words, the Infirmary was forced to increase the costs to ward patients approximately 76%. This increase, however, does not affect the 13% of our patients who every year receive free hospital care or the 12% who are only asked to pay partial costs.

PERSONNEL SHORTAGES

Personnel shortage in the Nursing Department was a constant worry throughout the year. This shortage seemed to reach its peak in June when it became necessary to close the Nursery of thirty cribs for the month. Emergency admissions were cared for in other parts of the hospital during this time.

To cope with these problems, a concerted drive was made to increase the number of attendants and orderlies during the year. The Personnel Office of the Massachusetts General Hospital proved of great assistance in this campaign and through their efforts we were able to increase our attendant group from four to our pre-war quota of 21. This number subsequently fell off to 14. Orderlies were increased from eight to 13, with a pre-war quota of 16. These two groups have been a great aid in relieving the nurses in the wards of the simpler nursing procedures and non-nursing duties.

Working conditions in the Nursing Department were improved during the year by the completion of part of the long term program for modernizing the hospital. A dressing room for special duty nurses and attendants was made available on the second floor. New and attractive uniforms were ordered for the attendants and new uniforms were given to the orderlies. Meal "specials" were sold in the cafeteria at less than cost during the rapid increase of food prices in the fall.

The causes for the nursing shortage are so numerous and varied that there would appear to be little hope of alleviating the shortage during the coming year.

In January arrangements were made with the Massachusetts General Hospital to have their Personnel Department handle the employment problems of the Infirmary. Coming during a period of personnel shortages, this expression of cooperation has proved most advantageous to the Infirmary. An interesting report of this Department will be found under a separate heading.

PLANS FOR THE NEW WING

During the year, progress was made in developing plans for the proposed new wing of the Infirmary. Through the courtesy of Mr. Wurster, Dean of Architecture at the Massachusetts Institute of Technology, the senior class in architecture was given the Infirmary problem as their thesis. At the end of the program, one of the students was retained to consolidate the most interesting ideas submitted into one master plan. The work done was invaluable to the Building Committee and we feel that many of the students' suggestions will be recognized in the final plans.

After a great deal of study, it was decided that a wing on the present Infirmary land would be an uneconomic unit and more land was necessary. The Massachusetts General was approached and generously offered 20 feet of their land extending out from the Gardner Building toward the new Vincent Building. This additional land would appear to solve one of our major problems. At the present time, Coolidge, Shepley, Bulfinch and Abbott are working on plans to conform to the additional land.

IMPROVEMENTS DURING THE YEAR

A continued effort was made during the year to complete many improvements in the hospital delayed by the war years. The entire fourth floor was painted as were the Admitting Office, Howe Laboratory, volunteers' room, utility rooms, the en-

trance rotunda and all corridors in the basement. Additional painting was done in the semi-private rooms on the second and third floors and in two operating rooms.

The modernization of the utility rooms was nearing completion as the year ended. New pipes were run from cellar to roof in connection with the installation of modern bedpan washers and sterilizers. Flush sinks, stainless steel counters and sinks, were also installed. It will be a happy day when these much needed improvements are finally completed, after the many delays caused by material and labor shortages.

An additional ear, nose and throat operating room was constructed in the area formerly used as a tonsil recovery ward. This was completed in December and will be used by the otosclerosis group for work on the fenestration operation.

In June of 1946, the Infirmary for the first time organized a Public Relations Department which should aid materially in carrying forward the future plans for additions. A report by this department may be read with interest under a separate heading.

An Eye Bank to cover the New England states was started under the auspices of the Infirmary late in the year and is described in some detail elsewhere in the Annual Report.

SERVICE PINS

On December 30th, Dr. Faxon presented pins to employees who had been in the Infirmary for 10 years or more. Each 10 years of service was represented by one star on the pin. This was an event to which we had looked forward for many months as marking the hospital's appreciation for the loyalty and devotion of these employees who have become a part of this institution. Thirty-nine were so honored, with two receiving three stars for over 30 years service, and seven for 20 or more years.

In conclusion the Assistant Director would like to express his appreciation for the opportunity of attending the course for Hospital Administrators in Chicago. During the 10 days, he met hospital representatives from many parts of the country with whom he discussed mutual problems and he also had an opportunity to visit several hospitals in the Chicago area under the most friendly auspices. It was an interesting and valuable experience.

Francis S. Hill

Assistant Director

DEPARTMENT OF OTO-LARYNGOLOGY

The year 1946 has seen the last of our members in military service released to civilian life, with the exception of Dr. Donald H. Macdonald who is remaining in the Medical Service of the U.S. Navy. Our Staff is once more complete so that the standard of service to the patient can be more easily maintained. All the residents whose training was cut short by entering the military services have returned and are being fitted into our training program in order to complete their education as otolaryngologists.

From a wartime shortage of residents, we have passed to a period of plenty when many well qualified young men wish to secure their training at the Massachusetts Eye and Ear Infirmary. By reorganizing our training program, we have increased our resident staff from seven to nine, and the period of training from 21 months to 27. Each resident now has training in the laboratory, in the allergy clinic, in the tumor clinic and 12 months on the senior service.

The past year has taken its toll. Dr. V. H. Kazanjian, Dr. George H. Poirier, and Dr. Harold G. Tobey have retired from active clinical work at the hospital and have been appointed to the Consulting Staff. Dr. Edgar M. Holmes, who has been working for Dr. Kazanjian for many years, has taken on, in addition to his regular hospital duties, the work of the plastic service.

NEW SURGICAL CONCEPTS

The work of the clinics has fallen off. The acute surgical problems are not as numerous as in former years. The great advances in the antibiotics and the chemotherapeutic drugs has changed the complexion of acute surgery to such an extent that no longer are we swamped with the complications of the upper respiratory infections. Due to the efficiency of these drugs, a whole new concept of surgical principles has had to be evaluated, as many of the conditions which used to go on to serious complications are now relieved by appropriate conservative treatment. However, inadequate therapy and procrastination still bring us many complications of respiratory infections that make the Infirmary a clearing house for the cases of a most serious nature.

Although there has been a falling off of the number of cases having complications of acute upper respiratory infections, we are seeing an increasing number of the upper respiratory tract.

We have for a number of years made a serious attempt to evaluate the efficiency of surgery and external irradiation in selected cases of cancer. Supported by a grant of the American Cancer Society, Massachusetts Division, a class for the rehabilitation of the laryngectomized patient has been established under the direction of Mrs. Mary Doehler. The patient who is without a voice from the loss of his larynx receives a great psychological stimulus when he discovers that he can learn to talk again. The development of the so-called "esophageal voice" enables the patient to continue his employment and not become an economic burden on his family or the community.

CLINIC FOR THE DEAF

One of the major contributions to medical science that has come out of the past war has been the recognition of the necessity to rehabilitate the hard of hearing. The pattern of rehabilitation adopted by both army and navy medical departments follows much the pattern established here by the Winthrop Foundation in 1940.

From a small beginning, largely experimental, the work of the Winthrop Foundation has grown until it is one of the major departments of the hospital.

The Clinic for the Deaf is supported by funds available for rehabilitation of the hard of hearing by other than surgical or medical means. As a result, the hospital now is able to offer the hard of hearing patient a complete service of aural rehabilitation.

The Winthrop medical committee, being interested in the surgical and medical problems of deafness, have restricted their activities, to a large extent, to the fenestration operation for otosclerosis. This group has been enlarged so that now it is under the direction of Dr. Philip E. Meltzer who has been released from his other responsibilities at the hospital. Associated with him are Dr. Donald K. Lewis, Dr. Moses H. Lurie, Dr. Francis L. Weille and Dr. Charles I. Johnson. To facilitate the expanded program of the fenestration problem, a part of the former tonsil ward has been made into a temporary operating room with the most modern equipment. The addition of this room helps solve the congestion of the operating floor.

With the hospital returning to a peacetime basis, we are looking forward to the further study of the problems of the deaf by metabolic and endocrine studies for potential dysfunction, and even a possible lead as to the cause of deafness.

Dr. Meltzer has continued in the past year his work on the fenestration operation. In conjunction with the Department of Otology at the Harvard Medical School, he has performed a series of experimental controlled operations. The microscopic work has been done by Miss Dorothy Linden, working in the Mosher Laboratory. The results of this experimental work were given before the American Otological Society at their meeting in April.

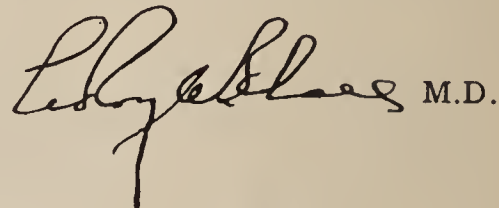
INVESTIGATIVE RESEARCH

During the past year a series of experiments have been performed by Dr. J. H. Tom Rambo on the electro-desiccation of the membranous labyrinth for the relief of the Meniere's syndrome. This operation was developed by Dr. Kenneth M. Day, one of our former graduates, but animal experimentation had not been done. By destroying the labyrinth by electro-desiccation, Dr. Day has been able to relieve the patients of their vertigo and at times of the tinnitus. Dr. Rambo has been working with monkeys, trying to determine the amount of current to be used

so that only the vestibular and not the cochlear portion of the nerve will be destroyed.

Dr. George Kelemen has been reviewing the pathology of the temporal bone. We are looking forward to the possibility of studying the effects of streptomycin on the Organ of Corti. It has been observed that in the massive treatment of pulmonary tuberculosis with laryngeal tuberculosis as a complication, some of the patients developed a deafness which is maintained. It has been our desire to study the effect of streptomycin given in large doses to a series of monkeys and then to section the temporal bone to see what possible reaction might be expected in the Organ of Corti. When the supply of streptomycin becomes available, we are in hopes of starting this piece of investigative research.

Our staff continues to be in demand for medical papers before national societies and special groups. At the invitation of the medical societies of Brazil, Peru, Argentine and Chile, Dr. George Kelemen gave a series of lectures in these countries.

 M.D.

Chief of Otology and Laryngology

X-RAY DEPARTMENT

RADIOGRAPHIC EXAMINATIONS:

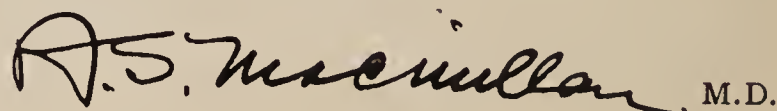
Abdomen.	27
Chest	1241
Esophagus	219
Jaws	53
Lateral neck	314
Lipiodol injections	18
Long bones	18
Mastoids	1128
Misc.	178
Nose	98
Optic canals	11
Petrous	31
Question of foreign body in eye	146
Sinuses.	2309
Skull	116
Teeth	200
Thymus	514
Treatments	471

Number of examinations	7092
Number of patients	6521

BOUGINAGE: Number of treatments	471
Number of patients	85

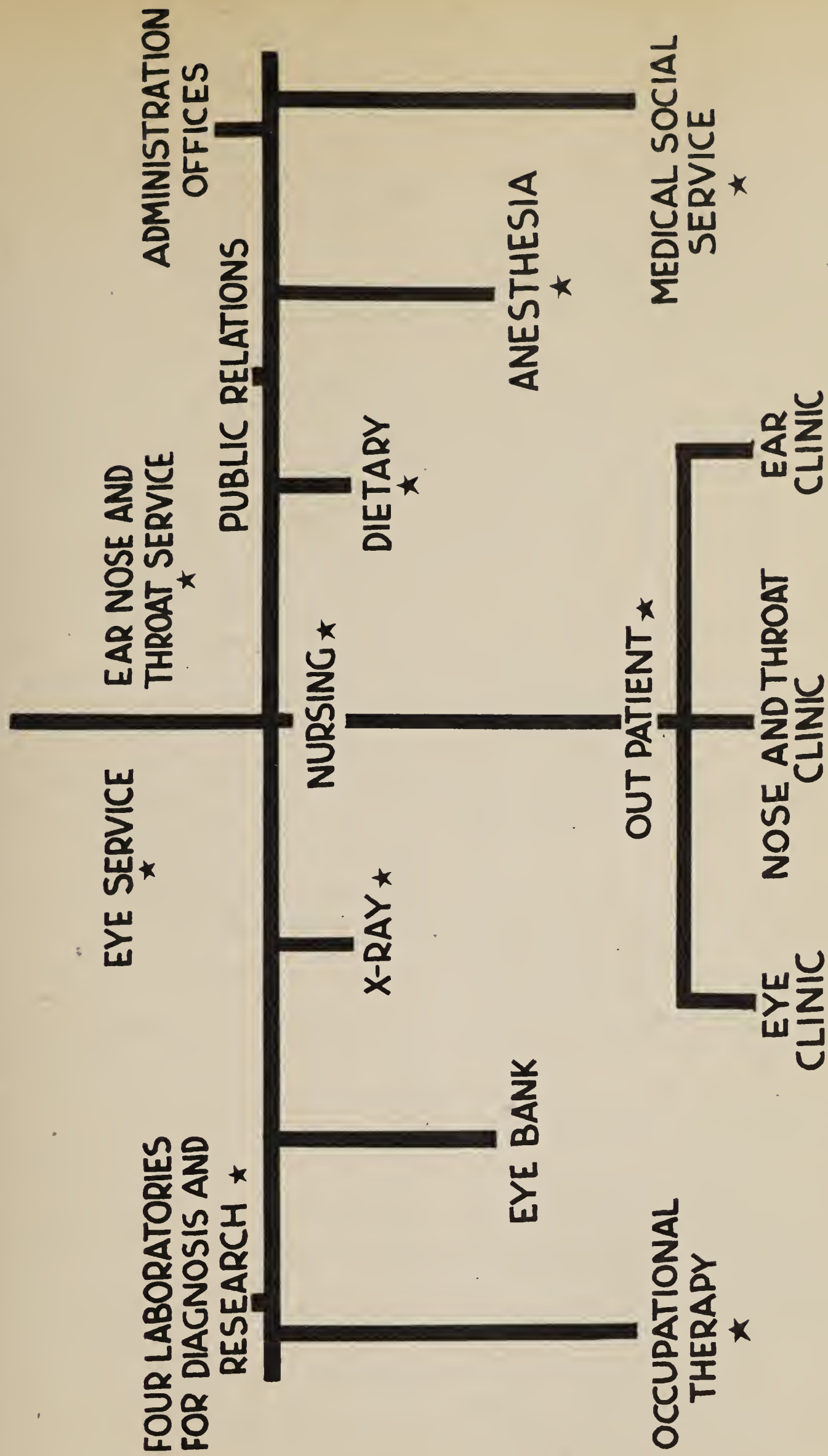
TOTAL NUMBER OF EXAMINATIONS.....7563

TOTAL NUMBER OF PATIENTS.....6606

 M.D.

Roentgenologist

MASSACHUSETTS EYE AND EAR INFIRMARY



★ TEACHING

THE DEPARTMENT OF OPHTHALMOLOGY

The year 1946 has proved a difficult one in reorganization, following the termination of the war. With one exception, all members of the Ophthalmic Staff serving with the Armed Forces have returned. At the beginning of the year, it became evident that there would be a terrific demand by former Army and Navy Medical Officers for residency training and for post-graduate work in Ophthalmology.

To help meet this problem, the Board of Managers granted permission to take on three extra residents, so that instead of our former complement of eight, we now have 11 under training. This is a temporary measure and it is expected that we may revert to the usual number of eight in the future. The period of training continues to be 27 months, the first three comprising the externship during which basic sciences only are studied.

POST-GRADUATE TRAINING

In the field of post-graduate training, the teaching burden has been especially heavy on those members of the staff who teach at Harvard Medical School. Two separate groups of 30 students each have been given a five months period of training in the basic sciences pertaining to Ophthalmology. Before the war, only about 15 men were so trained each year.

The purpose of these basic science courses is to prepare young doctors to enter clinical residency either here or at some other institution. Part of the teaching is done at the Medical School and part at the Infirmary. The Eye and Ear Infirmary can feel confident that it has not shirked its responsibility in the post-war training of veterans returning from military service.

THE PATHOLOGICAL LABORATORY

We have suffered a grievous loss in the death of Dr. Theodore L. Terry, chief of the Friday service and head of the Pathological Laboratory. His place will be difficult to fill. During his illness, Dr. David G. Cogan was responsible for pathological examinations and now the routine work of the laboratory is being conducted in excellent fashion by Dr. Richard B. Pippitt, Harvard Fellow in Pathology, under the supervision of Dr. Frederick H. Verhoeff.

During the year 357 specimens were sent to the laboratory. Of these 67 were malignant neoplasms of which there were 38 malignant melanomata,

six retinoblastomata and one leiomyoma. There were seven cases of retrolental fibroplasia and three cases of epithelization of the anterior chamber. Other hospitals and ophthalmologists in various parts of the country sent us sixty-five specimens. The Pathological Laboratory is very willing to accept these courtesy cases because of their interest and applicability to future diagnostic work.

Organized instruction in the laboratory has been resumed. Each House Officer spends, as second junior, four mornings each week for six weeks, and as third junior, two afternoons each week for another period of six weeks, studying microscopic sections.

Dr. Terry's death brought up the desirability of having all ophthalmic laboratories under one director and Dr. Cogan, director of the Howe Laboratory, has been appointed to take over this responsibility.

The special study on retrolental fibroplasia, undertaken by Dr. Terry, is being continued under the direction of Dr. V. Everett Kinsey of the Howe Laboratory, Dr. Merrill J. King and Dr. Dunphy. The follow-up of the children with this disease continues with the valuable aid of the Social Service.

Other special studies are being conducted by Dr. William P. Beetham on blood sugar levels in cataract cases, and by Dr. Joseph J. Lo-Presti and Dr. Lloyd Mills, 2nd., on the value of Rutin in diabetics with retinal hemorrhages.

THE EYE CLINIC

The Eye Clinic continues to be as busy as ever. The number of out-patient visits during the year totaled 42,399. In December, Miss Molly Malone, chief nurse of the Eye Clinic, resigned and was succeeded by Miss Eunice Grant. Three new slit-lamps have been ordered to replace the worn out ones.

A special gonioscopy clinic for glaucoma cases is held every Tuesday afternoon under the direction of Dr. Lo-Presti.

The Orthoptic Department has developed into an extremely active division of the Eye Clinic. Miss Kathleen Foreman took the position of Orthoptist in March and since then the number of patients examined here has steadily risen, 2169 visits being made up to the end of the year. A total of 619 new patients were seen, of which 200 were given exercises.

The Refraction Department continues under the direction of Dr. Albert E. Sloane, 10,083 patients being refracted during the year. The Vision Room participated in the course in basic science in Ophthalmology as offered by the Harvard Graduate School of Medicine through the Eye and Ear Infirmary. The students were given opportunity to re-fract and become familiar with instruments for re-fracting. In keeping with the aim of aiding the returned veteran as much as possible, two students were given opportunity to continue further practical work in refraction under supervision and they contributed materially to the work of the Vision Room.

The Perimetry Room with Dr. Garrett L. Sullivan in charge, made over 1,500 visual field examinations.

THE EYE BANK

An interesting development during 1946 has been the formation of the Eye Bank. Although this is set up as a department of the Infirmary, it is affiliated with the Eye Bank for Sight Restoration, Incorporated, of New York, and is designed to serve ophthalmologists and eye hospitals in the New England area, making available to them a supply of properly preserved eyes for the corneal transplant operation.

Edwin B. Dunphy M.D.

Chief of Ophthalmology

COMPARATIVE STATISTICS 1946 1945

CONDITION OF PATIENTS ON DISCHARGE:

Died	11	10
Autopsies	63%	44%
Against advice	8	9
Discharged	4,021	4,026

PATIENTS' DAYS TREATMENT

reckoned from discharge payments:

Paying patients	24,528	75%	25,773	72%
Part paying "	4,121	12%	4,736	13%
Free "	5,971	13%	5,365	15%

COMPARATIVE STATISTICS	1946	1945
Ward patients - Eye cases	1,874	1,930
Ear "	337	399
Nose & Throat cases	<u>1,833</u>	<u>1,702</u>
NUMBER OF PATIENTS ADMITTED TO WARDS	4,044	4,031
Private patients - Eye cases	1,206	1,033
Ear "	115	113
Nose & Throat cases	<u>1,007</u>	<u>1,024</u>
NUMBER OF PRIVATE PATIENTS	2,328	2,170
TOTAL PATIENTS ADMITTED	6,372	6,201
Operations, ward patients - Eye cases	1,928	1,968
Ear, Nose & Throat	2,044	2,124
Operations, private patients - Eye cases	1,034	842
Ear, Nose & Throat	<u>799</u>	<u>779</u>
TOTAL NUMBER OF OPERATIONS	5,805	5,713
Out-Patient - Eye Clinic visits	42,399	39,070
Ear Clinic visits	18,273	18,400
Nose & Throat Clinic visits	<u>11,898</u>	<u>10,462</u>
TOTAL OUT-PATIENT CLINICAL VISITS	72,570	67,932
Out-Patient, Operations - Eye cases	766	650
Ear "	177	214
Nose & Throat cases	<u>459</u>	<u>594</u>
TOTAL OUT-PATIENT OPERATIONS	1,402	1,458
Emergency patients admitted to hospital	364	382
PATIENTS ADMITTED TO EMERGENCY WARD....	4,975	4,662

COMPARATIVE STATISTICS	1946	1945
Patient days care - Wards	36,216	34,889
- Private	13,987	13,449
TOTAL PATIENT DAYS CARE	50,203	48,338
Average number of patients treated daily - Wards	99	96
- Private	38	37
TOTAL AVERAGE NUMBER PATIENTS TREATED DAILY	137	133
Average number of days patients remained - Wards	9	8+
- Private	6+	6+
Beds available & percent of occupancy - Wards	139 64%	138 65%
- Isolation	18 54%	26 22%
- Private	44 87%	42 88%
TOTAL BEDS AVAILABLE	201	206
Per capita cost per day - Wards, routine care	\$6.95	\$5.80
- " special services	2.68	2.27
TOTAL COST PER DAY PER WARD PATIENT	\$9.63	\$8.07
Per capita cost per day - Private, routine care	\$7.02	\$5.53
- " special services	1.77	2.09
TOTAL COST PER DAY PER PRIVATE PATIENT	\$8.79	\$7.62
Percentage of free care* - House	9%	9%
- Out-Patient	19%	15%
TOTAL FREE CARE*	14%	11%

*Compiled on dollar value, not including Blue Cross

NURSING DEPARTMENT AND TRAINING SCHOOL

The activities of the Nursing Department for the year have been varied and not always satisfactory, due to continued shortages and many changes in the nursing personnel. However, we have tried hard to maintain our nursing standards.

The whole department welcomed the 48-hour week early in February.

Miss Sally Johnson resigned as Superintendent of Nurses for the Infirmary on February 22, after more than 20 years of untiring service. Miss Ruth Sleeper became her successor in March and carried on until September when she was appointed advisor to the Nursing Department.

CHANGING PERSONNEL

Mrs. Alice Maddern Riley joined the Nursing Office as ward teaching supervisor in September. This addition to the office staff makes possible more ward teaching and more direct supervision of ward personnel.

Two of our former head nurses, Miss Eunice Grant and Miss Mary Fahey, returned from the Army early in May and we hoped more would follow. However, few veteran nurses applied for positions, while Miss Fahey resigned to go to the Cushing General Hospital. Two of our private duty nurses, Mrs. Margaret MacKillop and Mrs. Sarah Spindler, who had been so loyal and helpful during the war years, have gradually withdrawn from active duty.

The group of general duty graduate nurses has been an ever-changing one throughout the hospital. With the exception of four or five of the older graduates, the younger group have rarely stayed longer than three months. Two of the older group who have given faithful duty on our Private Ward, Miss Katherine Guyer and Miss Anna Watson, have died during the year.

NEW EQUIPMENT

The Men's Ward, the largest in the hospital, has been through a long period of difficult reconstruction, at the same time carrying its full load of patients. The nurses' stations on this ward are a great asset and we wish it were possible to have the same on the other wards.

A new steam bedpan sterilizer and window ventilator improved the utility room, which, as the year drew to an end, was still incomplete pending the

installation of a new steel sink and work units. A well-equipped ear, nose and throat treatment room and a modern stainless steel dressing carriage greatly facilitate the work of both doctor and nurse.

New chart holders and racks were furnished to all wards. Bed curtains were hung in the ear side of the Children's Ward and Gardner welcomed a new steam instrument sterilizer.

DEPARTMENT OF ANESTHESIA

In June the Department of Anesthesia was separated from the Nursing Department and in November Dr. John H. Tucci was appointed full-time anesthetist. We feel that Miss Morrissey, who carried the responsibility of this department so many years, lately under trying circumstances, has the gratitude of the entire staff for her loyalty and courage.

Miss Elizabeth Ward, operating room supervisor, has met the many demands of the five operating rooms making up the department, with her usual competence.

POST-GRADUATES FROM OTHER STATES

Two graduates from California who came for the post-graduate course in March, remained through July to get more practical experience and we were grateful when they requested evening duty. During the summer months we were fortunate enough to secure the services of several graduates whose husbands were attending summer school here. They came from different parts of the country and brought new ideas to our group.

Represented in the Post-Graduate course were:

California	Nebraska
Canada	North Carolina
Indiana	Ohio
Massachusetts	Pennsylvania
Republic of Panama	

In the fall, these were replaced by young graduates who had affiliated or had taken the post-graduate course. Of this group, several already have left to be married and thus the cycle continues. As the evening and night periods of duty are the most difficult to fill with graduate nurses, we still are very dependent on our student group.

STUDENT NURSES

Under the able supervision of Miss Eileen Gilmartin as instructor, 12 post-graduate and 124 affiliating students completed the two months' course. One former post-graduate, a missionary, came back for a refresher course in April before returning to China. Another withdrew on finding that after her war experiences, she was not ready for the strenuous work.

The Massachusetts General Hospital sent 59 students over for the eye and ear course here, 17 for pediatric and 6 for operating room experience. Other hospitals sending us students were: Melrose 24, (of whom one withdrew to be married); Cambridge 6; Burbank Hospital, Fitchburg, 8; Quincy City Hospital 12. This December two senior cadet nurses from the Waltham Hospital came and we hope in the future to interest more from this school.

In September, concerted efforts increased the attendant staff from four, Misses Raymond, McCarthy, Hurd and Latimer, who had weathered the war years, to our authorized number of 21. However, this good fortune was short-lived and the number dwindled to 15 in December. With more attractive working hours, better pay and smart new uniforms, we hope to stabilize this very essential group of workers.

In December also, Miss Anne Mary Raymond, who had given 26 years of her life as a faithful, loyal attendant, died suddenly.

EX-SERVICEMEN ORDERLIES

The orderly staff has been increased from eight to 13 of our authorized staff of 16. Several of these are ex-servicemen with excellent corps training in the Army and Navy. The uniform for orderlies was changed from gray duck to white during the year, greatly improving the personal appearance as well as the morale of this group.

Once again we wish to express our gratitude to the Red Cross Aides and the other volunteers for their many hours of helpful service.

There have been few changes in the personnel of the Nurses' Home under the capable management of Mrs. Rider. The continued interest and gen-

erosity of the Ladies Visiting Committee is much appreciated and the new teacups and saucers, tea set, electric plate and kettle they have given us, have helped make the tea hour more enjoyable.

PERSONNEL FIGURES

	Authorized	On duty Dec. 31, '46
Supt. of Nurses	1	1
Asst. Supt. of Nurses	1	1
Instructor	1	1
Ward Teaching supervisor	1	1
Night supervisor	1	1
Asst. night supervisor	1	1
Operating room supervisor	1	1
Operating room head nurse		
nurses	5	5
Nurse anesthetists	4	2
Ward head nurses	5	5
Asst. ward head nurses	5	5
OPD clinic head nurses	3	3
General duty graduate day nurses	12	7
General duty graduate evenings	5	2
General duty graduate nights	<u>5</u>	<u>4</u>
	51	42
Attendants, day duty	14	21
evenings	0	
nights	2	
Orderlies day	8	16
evenings	2	
nights	3	

Quota total 88 Actual total 71

Janet M. Garbo R.N.

Superintendent of Nurses

MEDICAL SOCIAL SERVICE

The Social Service Department through direct service from social workers and two follow-up programs, served a total of 5195 patients in 1946, an increase of 783 over the 1945 figures. Despite this increase and some shortage of staff for several months during the year, additional teaching responsibilities for medical social students were assumed and some articles written and published by staff members. Due to a greater number of students, more adequate office space was provided which improved conditions of work.

A definite effort to relate social treatment directly to the medical care of patients has been continued. Treatment of the social or emotional factors which prevent patients from accepting surgery or hospitalization, or which influence them to discontinue treatment, as well as treatment which aids patients adjust to the permanent handicaps of blindness, deafness and loss of speech, make up the type of problems which are handled by the department daily.

PREPARING CHILDREN FOR SURGERY

The significance of surgery to children has been given particular attention this year. As a result of our study on children admitted for tonsillectomies in 1945, an attractive pamphlet was prepared by the Public Relations Director for use with parents to help prepare the child for hospitalization and surgery. Also as an indirect result of this study, changes were made in hospital procedures for children admitted for tonsillectomies which have been beneficial to everyone concerned.

Social study of children with retrolental fibroplasia continued and many social findings in this diagnostic group were felt to be pertinent to other pre-school blind children. As a result, a program for dealing with all such children under the care of the Infirmary has been outlined and is now under consideration for adoption.

Two theses were done by master students at the Simmons College School of Social Work, on the social problems of children admitted to the Nursery in 1944. Recommendations were made in the theses to provide more adequate service to children in the hospital. They have considerable significance for the Infirmary since 1476 children under 12 were admitted to the private floor and wards during the year studied.

RETROLENTAL FIBROPLASIA

The pre-school blind children with retrolental fibroplasia have continued to be a major problem socially as indicated in last year's report. Miss Ruth Butler who was assigned in January 1945 for full time study of the social problems of this group, discontinued formal study in June 1946 to devote more time to direct treatment of the needs of the children and methods of meeting them as revealed by the study.

Since research on retrolental fibroplasia began here, there have been 134 children with this diagnosis referred to the Social Service Department. The social worker has attempted to carry some social responsibility, for purposes of the study, for these children even though they were from other states. However, plans have now been worked out with New York, Connecticut, and Rhode Island to transfer responsibility to social workers in those states and transfers are being made as rapidly as it is satisfactory to do so from the patient's point of view.

In addition to the service of the medical social worker, a pre-school teacher, Miss Pauline Moor, was supplied for the children with retrolental fibroplasia through funds raised by the efforts of the late Dr. Theodore L. Terry and Dr. Gabriel Farrell of Perkins Institution and the Massachusetts School for the Blind. Miss Moor has done a great deal of home visiting to assist the parents in various areas of child development, e.g., feeding, habit training and in stimulating interest in the blind child to the seeing world. Parents and children have responded with eagerness to her efforts and suggestions.

The educational project for mothers and babies of this group was again held as a joint project between the Infirmary and Perkins at Perkins Institution in September 1946 for a 10-day period. The Social Service Department has felt keenly the loss of Dr. Terry's stimulation and encouragement in working with these children. He gave unsparingly of his thought and energy to help us in every possible way to enable the pre-school blind child find his place in society. Whatever contribution we have been able to make in this field has been largely due to his inspiration and leadership.

GLAUCOMA FOLLOW-UP

In addition to a full time follow-up secre-

tary for glaucoma patients, it was possible in October to reestablish the position of a full-time medical social worker on this program. Mrs. Marguerite Parsons has accepted this assignment. With the co-operation of the head nurse in the Eye Clinic and Record Room, new mechanics for handling both the patients and their records were worked out which made for more prompt seeing of patients in the clinic and fewer delays in getting records. Pamphlets interpreting glaucoma were reprinted for use with patients and their families and also social agencies in the community.

There were 1941 patients on the follow-up this year, 321 of them new patients. In addition to routine follow-up procedures, 257 of the patients received social treatment.

EAR, NOSE AND THROAT SERVICE

The referral of patients from the Tumor Clinic increased from 155 in 1945 to 208 in 1946. Suitable chronic care for terminal cases continued to be a problem. Only two artificial larynges were purchased as practically all patients with total laryngectomies wishing to make the effort to learn to speak, have taken advantage of instructions in the esophageal voice class conducted weekly for these patients. The use of electrical suction apparatus has minimized some of our previous difficulties with patients needing suction upon discharge, but not enough electric machines are available to supply all requests. There were eight referrals for sanatorium care for laryngeal tuberculosis patients during the year.

All patients in the Winthrop Foundation for whom the fenestration operation was recommended, were for a time referred for a social evaluation. Now the referrals are made on a selective basis by the doctor only where he believes the patient needs the service of the social worker. Efforts are made for both the pre-school hard of hearing and deaf child to have nursery school and kindergarten experience with children who have normal hearing. The nursery schools and kindergartens have been interested to accept the children and so far those who have been placed have done very well.

New England States, outside of Massachusetts have shown increasing interest in the program for children under the auspices of the Clinic for the Deaf, and are trying to carry out locally the medical recommendations made for the children. The social workers have given considerable interpretation to these communities. The Physical Restoration Program carried out under the auspices of the Massachusetts Department of Education has enabled a number

of our patients to have financial assistance both with hospital care and rehabilitation measures following surgical procedures. Referral of 71 children to schools for lip reading instruction and 60 to schools for hearing loss has been made. The follow-up program for children in the Ear Clinic was resumed in February 1946 and 400 children were so followed, 258 of whom were new cases.

TEACHING

The Department had eight medical social students from three schools of social work for field work placements during 1946. Five were from Simmons College, two from Boston College and one from Boston University. Two additional students were here for short periods for observation and discussion of special eye and ear problems.

PERSONNEL

Miss Beth Eaton, M. S., Simmons College School of Social Work was appointed to the staff in August and Miss Eleanor Norris resigned in September, 1946. Two members of the staff attended the National Conference of Social Work in Buffalo, N.Y., in May and representatives also attended the conference of the National Society for the Prevention of Blindness in New York in November. Mrs. Wilson read a paper at the National Conference of Social Work.

FINANCIAL REPORT

Glasses	\$2710.75
Prostheses	249.03
Hearing Aids	2202.82
Nursing home, convalescent care.	749.60
Camp expenses	102.00
Tracheotomy tubes, etc.	54.50
Artificial larynges	19.50
Transportation of patients	675.02
Miscellaneous	19.35
Total	\$6782.57
Refunds from patients	\$2397.21
Contributions from social agencies & individuals	2057.21
Total	\$4454.03
Total expended from Social Service Funds.	\$2328.27

INCREASED EXPENSES

Medical relief expenses increased \$1600 over expenses in 1945. The main items of increase

were glasses and transportation costs for patients. The number of requests for glasses was greater. Many families were unable to meet full medical expenses even though the wage earner was working full time. The cost for transportation of patients to and from the clinic was a large item but can be partially explained by the more active follow-up program for glaucoma patients, many of whom are elderly and with poor vision, and to the increase in the number of Tumor Clinic patients, many of whom had transportation for X-Ray treatment.

ADVISORY COMMITTEE

The Social Service Department has been assisted in its work by the Advisory Committee which has continued to give wise counsel and encouragement in all efforts to improve the department and its services; by volunteers like Mrs. Alice Melville who has given hours of faithful service to the Glaucoma Clinic; by Dr. Farrell and Miss Frances Marshall of Perkins Institution who have been of tremendous help in our work with pre-school blind children, and by the Ladies Visiting Committee which

has continued to supply the staff with professional magazines.

STATISTICS

Patients receiving -

a) social study & treatment..	1090
b) more limited services	1746
Total receiving social treatment	2854
Eye Service.....	1769
Ear, Nose & Throat Service.....	1085
Ear Clinic	414
Winthrop Foundation	239
Nose & Throat	205
Tumor	208
Plastic	19

Glaucoma follow-up	1941
Ear follow-up	400
	2341

Total receiving social treatment	
and follow-up	5195

Eunice Wilson

Director, Social Service

THE BOSTON EYE BANK

A source of eye tissue for use in corneal transplant operations is now readily available in this area as a result of the establishment of the Boston Eye Bank which was opened as a department of the Infirmary in the fall of 1946.

The Eye Bank was officially organized at a meeting of the Board of Sponsors on October 30, with the enthusiastic support of the Infirmary's Board of Managers, and with the financial backing needed to start the program in the form of a gift of \$5,000 from the Ladies Visiting Committee. By the end of the year, the extent of response from persons offering to donate their eyes to the Eye Bank for use after their death, and offers of cooperation from hospitals in providing facilities for the removal of eyes, indicated sufficient widespread interest to insure the project's success.

Closely affiliated with the Eye-Bank for Sight Restoration, Inc., New York City, was officially opened May 1, 1945, on a nation-wide basis, the Boston Eye Bank is the second such affiliated bank to be established in the country, a branch having been started in Chicago in the spring. Consultations during the spring and summer with the New York bank and with leading ophthalmologists throughout New Eng-

land revealed that such a service in this area would fill a definite need in the medical field and a program for the local organization was developed.

ONLY ONE TYPE OF BLINDNESS

Although the corneal graft operation can restore sight in only one form of blindness, that caused by opacity of the cornea when the rest of the eye and the optic nerve are normal, it is estimated that ten thousand to fifteen thousand blind persons in the United States could have their sight improved through this operation. Use of the operation has been impeded, however, by the unavailability of eye tissue and by the fact that the technique of the present-day operation is so relatively new that few ophthalmologists have had an opportunity to acquire it. Through the establishment of the Eye Bank in Boston, it is hoped to solve both these difficulties in this area.

The Massachusetts Eye and Ear Infirmary took advantage of the educational service of the Eye-Bank for Sight Restoration by sending Dr. Garrett L. Sullivan of the Infirmary Staff, to New York, October 21 to study the corneal graft operation for two weeks at the Manhattan Eye and Ear hospital.

DISTINGUISHED BOARD OF SPONSORS

With the need for the Eye Bank services in New England determined, the sponsoring group was organized comprising the following distinguished representatives from the medical, religious, civic, social, legal and business fields:

William S. Ballard, Junior Chamber of Commerce, Boston; S. Judd Beach, M.D., Portland, Me.; David G. Cogan, M.D., Director, Howe Laboratory of Ophthalmology, Boston; Edward A. Cramton, M.D., St. Johnsbury, Vt.; Edwin B. Dunphy, M.D., Chief of Ophthalmology at the Infirmary and Professor of Ophthalmology, Harvard Medical School; Dr. Gabriel Farrell, Director of Perkins Institution and Massachusetts School for the Blind, Watertown, Mass.; Trygve Gundersen, M.D., on the Howe Laboratory staff; Howard F. Hill, M.D., Waterville, Me., President of the New England Ophthalmological Society; Ralph Harrison Hopkins, M.D., Professor of Ophthalmology, Boston University School of Medicine; William F. Holzer, M.D., Worcester, Mass.; Brendan D. Leahey, M.D., Lowell, Mass.; the Rev. Dr. Joshua L. Liebman, Temple Israel, Brookline, Mass.; Milton F. Little, M.D., Hartford, Conn.; Rev. Donald A. McGowan, Diocesan Director of Hospitals, Boston; Andrew L. MacMillan, Jr., M.D., Concord, N.H.; H. C. Messinger, M.D., Providence, R.I.; Cord Meyer, Jr., Cambridge, Mass.; Henry Hixon Meyer, President, Board of Managers, Massachusetts Eye and Ear Infirmary; Henry W. Porter, Brookline, Mass.; James Joseph Regan, M.D., Chief Ophthalmologist, Boston City Hospital; Benjamin Sachs, M.D., Professor of Ophthalmology, Tufts Medical School; Mrs. Sullivan A. Sargent, Chairman of the Ladies Visiting Committee at the Infirmary; Rt. Rev. Henry K. Sherrill, Boston; James Stevens Simmons, M.D., Dean, School of Public Health, Harvard University; Arthur F. Sullivan, Director, Division of the Blind, Massachusetts Department of Education; and Mrs. James R. Torbert, Brookline, Mass.

FOR SIGHT, RESEARCH, EDUCATION

At the meeting on October 30, the Board of Sponsors elected Dr. Dunphy, Mr. Ballard and Mr. Henry Hixon Meyer to the Executive Committee with the responsibility of putting the program into operation. The constitution, as set up by this committee, defines the purpose of the Boston Eye Bank thus:

"The Boston Eye Bank has been established to provide facilities for the collection, preservation and laboratory analysis of eye tis-

sue and the distribution thereof for use in operations for the restoration of sight and to promote programs of research and education in the field of vision."

The committee made arrangements for the Eye Bank to be financed through the acceptance of voluntary gifts in the form of annual memberships, donations or bequests, set up general operating procedures, and prepared an official form for donors to sign. No legal steps are required to leave eyes to the Eye Bank.

The general public responded to the announcement of the organization of the Boston Eye Bank with a flood of requests for information about how to donate their eyes after death. These inquiries from October through December totaled almost two hundred from cities and towns throughout New England and as far away as Arlington, Va., and represented requests for 390 donor blanks.

Through cooperation with the Infirmary's Public Relations Director, great care has been taken from the start to present the program clearly to the public, with a special effort to avoid any false hopes on the part of those whose blindness cannot be helped by the corneal graft operation. Mrs. Virginia Gerould also supervised the routine office tasks until Mrs. W. J. Prowse, Jr., assumed the duties of executive secretary on December 4.

COOPERATING HOSPITALS

Details of procedure involving working relationships with cooperating hospitals, and arrangements for procuring transportation services of the Red Cross Motor Corps were nearing completion by the end of the year and it was expected that by February, the program would go into full operation.

The program calls for affiliated hospitals to provide free of charge the facilities for the removal of the eyes of those deceased patients who previously requested that their eyes be given to the Eye Bank and whose spouse, if living, or next of kin signed the hospital's official release form. As eyes must be enucleated within one hour after death, the Eye Bank can take advantage of the gifts of only those donors who happen to die in hospitals. The Eye Bank supplies, without charge, eye hospitals, eye departments of general hospitals and qualified surgeons in New England in the order of request, with eye tissue as it becomes available. Eye tissue must be used for the corneal graft operation at least within 72 hours.

Katharine F. Prowse

Executive Secretary, Boston Eye Bank

OCCUPATIONAL THERAPY

This Department had a complete change of personnel in 1946. The year opened with the resignation of Mrs. Gordon Olsen, OTR, who was replaced by the present director of the Department. In December Miss Mildred L. Sleeper, OTR, resigned and will be replaced by a recent graduate of the Boston School of Occupational Therapy, Miss Elizabeth Forbes, OT.

This year, remedial occupational therapy treatment under prescription of the doctor was stressed rather than diversional and recreational activity.

TREATMENT AND REHABILITATION

One of the outstanding concerns of the Department was the work with Ophthalmic patients, a large number of separated retina, enucleation and glaucoma patients being carried in the case load. The treatment plan consisted of initiating touch sense development, manual dexterity, and progressing to the introduction of rehabilitation to be carried on after the patient's discharge.

Group activity for the oto-laryngological patients assigned to Occupational Therapy has been for a considerably decreased number of mastoid cases. However, our extensive program with laryngectomy patients has produced results in socialization of these cases, as well as giving day to day practice in esophageal speech, to supplement Mrs. Mary Doehler's bi-weekly classes for both private and ward laryngectomized patients.

Students from the Boston School of Occupational Therapy are now affiliating here on an eight-week training program. This schedule fits into the student nurses' training program far better than the previous six-week period and provides our students with the full program of medical lectures given to the nurses. Our staff finds that two students, in regular sequence, provide an adequate program.

PATIENTS' LIBRARY

Since the Patients' Library report is the first one ever given separately from the Occupational Therapy report, a summary of the library services and function through the year may be of interest.

The Patients' Library is financed by its one special fund, the yearly interest from the Theodore Chase Memorial Fund. The books are current non-fiction, fiction, mystery, western and juvenile.

They are purchased periodically from a wholesale book company allowing us the usual booksellers' discount.

The Director of the Occupational Therapy Department is also Librarian for the Patients' Library and all books are reviewed by her or a member of her staff before being placed in the library for the patients' use.

The Library services the Oto-Laryngological Service and book truck rounds are made three times a week to the ward and private patients. In addition, the library is available to any patient who is brought to the Occupational Therapy Shop or is permitted to go there alone.

Current weekly and monthly magazines are on the book truck, when it makes rounds on the wards. Books and magazines are issued for no specific length of time, although a careful check is kept. They are all catalogued and cross filed in the Occupational Therapy Department. The doctors are the only employees who are permitted the use of the Patient's Library, due to its size and the number of house patients it must serve.


BRAILLE BOOKS

The library also carries a large selection of Braille books, current Braille magazines, as well as a Talking Book machine, with a library circulating from Perkins Institution, for the use of the blind patients. Otherwise, ophthalmic patients are not permitted the use of the Patients' Library except by special written permission of their physician.

Foreign books are obtained, for the use of our patients, through the courtesy of the Warren Library at the Massachusetts General Hospital, and in return, we furnish them with our Braille material.

We wish to thank all those who so generously gave material or financial aid to the Library, supplementing the Chase Fund. The following statistics show more clearly, the number of patients reached by the service and the circulation of the books.

Total occupational therapy treatments	2740
Total bibliotherapy visits	2218

 OTR
Director, Occupational Therapy

DIETARY DEPARTMENT

The year 1946 brought to an end all rationing, except the sugar ration, and in so doing, brought to an end one of the chief headaches of the Dietary Department. As might be expected, the resulting rise of prices wrecked the year's budget, but with an understanding administration behind us, we did our best to maintain food standards for both the patients and staff.

The pay cafeteria has now finished its second year. We served a total of 65,360 meals at an income of \$25,197.08 and an expense of \$26,821.60, the loss being due both to unexpected food cost increases (22.76% for the year in general) and a high labor turnover.

SPECIALS FOR OUR PERSONNEL

The increased costs could have well been met by increased prices but we kept on serving our 30 cent lunch special of soup, entree, salad, bread, butter (when we had it), dessert, and beverage; and our 50 cent dinner special of soup, meat (twice it was horse meat), potato, vegetable or salad, bread, butter, dessert, and beverage. This was done to accommodate employees and staff who were either on "maintenance" or who had not enjoyed a wage increase comparable to the rise in the cost of living.

The cafeteria serves three meals a total of four and a half hours daily, plus one hour in the morning when all are entitled to come for coffee, milk, crackers and cookies. The cafeteria does not accommodate all the staff and personnel as the doctors eat at the MGH East Pay Cafeteria, and the employees, other than dietary, eat at the MGH West Pay Cafeteria.

The patients' meals have totaled 237,971 of which 69,028 were for either private or semi-private patients. Of the total number, there were 11,890 special diets. The special diets have been of four main types: low residue for the detached retina cases; soft solids, liquid and tube for the throat cases. There are always in addition to this a goodly number of diabetic diets in all of the above modifications.

The private and semi-private patients receive selective menus which are checked a day in advance. The addition to our staff of two diet aides has made the daily visit to private patients possible and a better food service will result as the system becomes more firmly rooted.

The general appearance of our trays has been improved with the use of tray covers and we

hope to get our dishes and silver once again all matched and in standard sizes as soon as such production can provide for us. Occupational Therapy has been a great boon to us in supplying without fail favors for our trays on all the holidays of the year. At special times, the Ladies Visiting Committee has contributed much in the way of fancy food for patients and staff.

NEW EQUIPMENT ON ITS WAY

The equipment of the department has in some cases already passed its day of efficient usefulness. To date we have replaced one toaster, purchased several steam table pans, special diet pans, a Waring Blender, individual casserole dishes, and increased our stock of cafeteria dishes materially. We hope to replace the food trucks, a steamer, a food warmer, an old ice box and the cafeteria water fountain. There are now on order tray racks for the cafeteria, dish machines, tables for the ward kitchens, and lockers. With decreased labor turnover, we have been able to have everyone supplied with a correctly sized uniform.

Our hospital has affiliated with the Massachusetts General Hospital in their Post-Graduate Course in Dietetics. Two students have been sent here for a total of four weeks each. They spent half of their time learning the administrative responsibilities of the small hospital, and the other half learning the floor service. The students are given real responsibility in planning special diets, charting food, ordering, keeping records, calculating food costs, and are given complete supervision of the cafeteria one meal a day with night lock-up responsibility.

The Dietary Staff is now fairly well stabilized at 33 employees as follows:

*Kitchen employees	9 full time	3 part time
Cafeteria	3	2
Ward tray servers	8	5
Diet aids	2	
Cashier	1	

*The purchase of fabricated meats, baked goods and other items from the MGH enables us to keep this number low for our services.

Mauneta B. Westcott

Dietitian

PERSONNEL DEPARTMENT

With the ending of war, there has been an appreciable increase in the number of men looking for jobs. This has been counter-balanced by a decrease in the number of women available for work, perhaps due to the trend toward keeping women in the home and letting the men earn the income. In general there are more applicants of acceptable standard among men than during the war years. However, we are meeting increased competition because of the increased cost of living, higher wages, and shorter hours in the community.

LABOR SOURCES

Spot checking of applicants during a minimum of one week out of four shows that 75% of all applicants still come through advertising. The advertising program has been radically cut during the last six months of the year. The total list of all jobs is published only once a week in the Sunday Globe. Special needs, such as maids, orderlies, and hospital aides, are advertised in the Globe or Herald once or twice during the week.

Every effort is being made to cultivate private, state, and city agencies as a source of employee material. Lists of all jobs covered by a given agency are sent each week and telephone revisions of the list are made when necessary. This has resulted in some increase of applicants from agencies. About half of our clerical and secretarial help come from agencies. Auxiliary help comes largely through advertising.

HIRINGS

Since May 1, 1946, the hospital has hired 147 full-time people and 28 part-time workers with a total of 175. There is still a great deal of "job shopping". Applicants come in to inquire about hours and wages and if not satisfied, leave without making out the application blanks. It is estimated that approximately 7000 applications have been made out and about 2000 additional people have made inquiries and left, including those coming about jobs here and at the Massachusetts General Hospital.

SURVEYS AND PUBLICATIONS

Due to added functions of the Personnel Department without additional staff, it has been necessary to curtail certain of the department activi-

ties. The labor turnover report for the Infirmary was delayed until basic records could be established and put on punch cards. Our testing program was dropped except for special requests of department heads. Cross-section studies of community pay rates in restaurants, hotels, insurance companies and other hospitals were carried on as usual.

EDUCATION

The students in the graduate course in Management and Personnel Administration at Radcliffe College still come twice a year for experience in the Personnel Department. This contact, in addition to making a contribution to the educational program, also yields a definite contribution to the hospital. These young women, as volunteer workers, carry on specific research projects and do various jobs in the hospital departments. They bring a fresh point of view as well as an eagerness to carry on any part of the work while they are here.

The Personnel Director also spoke to the students of the entire class, as usual, during the year. A talk on personnel practices was also given to the students at the Katherine Gibbs School.

STAFF

An additional clerk was added to the Personnel Department in October. This has helped toward bringing the work up-to-date, and has raised the morale of the staff who have gone through a discouraging year in the effort to carry a load greater than the number of personnel could manage.

LOOKING FORWARD

It is believed that with augmented staff, the work of the Department will be up-to-date by June, the new labor turnover survey ready the tenth of each month, and all records revised to accord with the Accounting Department.

With the post-war labor attitudes in the world at large, it is believed that a study of employee benefits as used in the personnel programs in the community might be useful. It is planned to conduct such a study, among others.

Louis D. McRoy

Director, Personnel Department

PUBLIC RELATIONS

The purpose of the public relations program is to give thought and planning to the diverse relationships the Infirmary has with its public - the public as patients or contributors, as members of the community without or its own personnel within. Such purpose and planning is directed toward helping the hospital render its services in a manner most beneficial and acceptable to all this public, and winning understanding, appreciation and support from the public that will mean increased services in our special field of ear, nose and throat medicine.

The public relations program at the Infirmary for the first six months, June to December, can be reviewed on this basis of winning goodwill and understanding.

Newspaper publicity is the most obvious way to tell the Infirmary's story to the general public. It is the aim of the public relations office to maintain a steady flow of news to all the local papers, not only news of events at the hospital, such as meetings and appointments, but even more, what are called "feature stories" that must be given to each paper exclusively but that explain the Infirmary's often pioneering work in terms of actual benefit to men, women and children in the community.

Although it is axiomatic that only one-third of the releases prepared for the papers by an active public relations office ever actually gets into print, we have had a very good record for this first six months:

168 inches or eight columns of newspaper space.

Six articles on the front page, three in the Herald.

An editorial, in the Herald, on the Eye Bank.

Six pictures, all two or three column spread.

News articles and feature stories in all the local papers.

Some news releases as far away as New York and Chicago.

COOPERATING WITH THE COMMUNITY FUND

During the Community Fund Campaign, some of the first Come-See Tours for Fund solicitors came to the Infirmary to see the bronchoscopes with which our surgeons can remove pins or peanuts from children's throats, or the giant magnet to draw steel splinters from the eye before damage is done to the delicate optic nerve, or to look in at the speech class in the Clinic for the Deaf where even little boys and girls learn to use hearing aids. We also had an excellent window on Boylston Street assigned to us dur-

ing the campaign where we had an exhibit of the "foreign bodies" patients have swallowed and photographs showing their removal, a display that can be used elsewhere as occasion arises.

Up to the first of December, the Eye Bank in its public relations aspects, was carried on by this department. Our close cooperation with the Community Fund publicity department secured a broadcast for the newly formed Eye Bank on campaign radio time.

We also send articles of our latest developments to the Greater Boston Community Council Bulletin, as well as to the Massachusetts General Hospital News.

The building up of complete medical units is one of the leading trends in medical care today. Therefore, in the effort to make clear the Infirmary's exact relationship with its neighbor, the Massachusetts General Hospital, all our publicity points out that we are the independent and self-supporting eye and ear specialists, uniting with a general hospital for complete and efficient community service. We hope that the constant stressing of this positive aspect of our cooperation will establish the fact of the Infirmary's separate identity in the mind of the public.

OUR MOST IMPORTANT PUBLIC

Since good public relations, like everything else, begin at home and our most important public is our patients, my first printed pieces were to explain the Infirmary's services to our patients. A folder for parents of tonsil and adenoids cases, written for the Social Service Department early in the summer, has proved useful and will be reprinted shortly. It gives basic points needed to prepare a child for his first operation, told in story form. With an illustrated cover, it is effective and yet cost very little to produce with the help of the MGH print shop.

The other patients' publication is an admissions folder that tells in easily read and friendly fashion the hospital rules, regulations and prices. This little folder fits easily into purse or pocket and gives most of the answers in a form that can be taken away for reference. With the aid of the Admitting Office, I hope soon to work out some new signs for visitors for the newly decorated lobby.

The next group of "inside public" is our personnel, and therefore it was logical that this department set up the poster to record progress in the

Community Fund drive, made a report to the Ladies Visiting Committee when they were considering ways to make the Nurses' Home more homelike, or helped with arrangements for the luncheon the Infirmary gave the Alumni Association during its fall conference here. When service pins were awarded after Christmas to long term personnel, this department also helped with plans for the event.

PUBLICATIONS IN PROSPECT

Of the two publications to aid in building goodwill that are in immediate prospect, one is a brochure to tell the highlights of the Infirmary's work mostly with pictures. This booklet, which will fit into a regulation large envelope at no extra postage, will be used to make new friends, in thank-you letters to contributors, and so on.

The other is a questionnaire to be sent to a sampling of each strata of our public, patients, personnel, staff, contributors, general public, to find out what the present status of understanding and acceptance-of-identity the Infirmary has. Such a limited and inexpensive sampling cannot compare to a Gallup Poll, but it will give a factual idea of what

the community thinks of us and show us our strong and our weak points.

As a first step in future building of wider support, I have familiarized myself with what funds the Infirmary has and their sources. I have made a full and careful file of information on all special purpose funds, the purpose for which they were given, any restrictions in their spending, their current use. When so requested, I have made complete reports on the different funds to department heads concerned with their use, or responsible for reporting or re-soliciting yearly grants.

One of the most valuable tools in any public relations program is a large, up-to-date mailing list. My assistant, Mrs. Evelyn Chenoweth who came to the department in the middle of October, is working on building up the mailing list. When we have completed this work, we will plan for a periodic bulletin to keep our friends informed of current developments and future plans for the Infirmary.

Virginia Gerould

Director, Public Relations

FACTS. . . . FROM FIGURES

1946 admissions were 170 more than last year.

Emergencies went up. . .to an average of 12 or 13 a day!

Free care was given to 14% of all patients treated. . .19% or about one-fifth of the patients who came to the out-patient clinics, received free care.

Blue Cross coverage is going up. The figures for a month early in 1946 were 30% coverage

for private patients and 20% for ward patients. At the end of the year, 53% of private patients and 25% of those in the wards carried Blue Cross.

In 1945, the average patient paid about \$35.50 for operation and one week's hospitalization . . .This year the same care would cost \$62.50.

The net deficit for 1946 was 11 thousand . . .a substantial decrease over last year in spite of the marked increase in operating expenses.

THE HOWE LABORATORY OF OPHTHALMOLOGY

The beginning of 1946 marked the termination of most of the government projects and again the Laboratory came into its own. The transition presented, as was expected, many problems, both of an organizational and a technical nature, and a report of the activities for 1946 is essentially a report of the attempt to make the most expeditious adjustment to the postwar conditions.

Bringing investigators with training in the basic sciences into intimate contact with clinical problems and clinical personnel has been a prime aim of the Howe Laboratory's organization and has, in some measure, set a pattern for laboratories elsewhere. After making a national survey of research facilities in ophthalmic and other fields, Dr. V. Everett Kinsey has drawn up plans and made recommendations for more wide-spread adoption of research organizations similar to that of the Howe Laboratory whereby problems are co-jointly studied by the clinician and by those whom Dr. Kinsey has termed the "medical scientists". This survey, to be published shortly, is especially timely in view of plans currently afoot for the reorganization of medical research on a nationwide basis.

TEACHING THE BASIC SCIENCES

Postgraduate teaching of basic sciences in ophthalmology had, before the War, become an increasingly important obligation of those few who, like the staff of the Howe Laboratory, profess to be specialists in this field. The end of the War resulted in a tremendous demand for training in the basic sciences in ophthalmology prior to the clinical residencies. As a result, two full-time courses in the basic sciences occupying a total of five months have been given during the past year to approximately 30 men, the maximum which can be accommodated in the course laboratory work.

In response to requests from those who are proposing to set up courses elsewhere, an outline has been prepared by Dr. Cogan, and will be published shortly, on the organization of basic science courses in ophthalmology. Since such courses entailing extensive laboratory work are new, there has been little precedent to follow and many of the teaching aids which have been found most useful are being published separately e.g. an improved optical bench by Dr. Elek J. Ludvigh, a model eye for slit-lamp microscopy by Dr. W. Morton Grant, and a model for the demonstration of ocular movements by Dr. Cogan.

The illness and death of Dr. Theodore L. Terry in 1946 necessitated a change in the Pathology Department which he had so ably directed. Believing that there was mutual advantage in a close relationship between the pathology laboratory and the Howe Laboratory, Dr. Cogan accepted the appointment of Director of Ophthalmic Laboratories at the Infirmary and for a time conducted the routine pathologic diagnoses. In this latter, he was succeeded by Dr. Richard Pippitt who fortunately had joined the department before Dr. Terry's death. Both Dr. Cogan and Dr. Pippitt have depended heavily on the counsel of Dr. Frederick H. Verhoeff who graciously agreed to return as consultant.

One of the problems facing the Howe Laboratory administration at the present time is how to accommodate the considerable number of qualified applicants who wish one or two years experience in an ophthalmic research laboratory before taking up academic positions elsewhere. Pending at the present time are applications from China, Europe and Canada as well as from this country. With rare exception, only those applicants are considered who are able to arrange for their own support; hence monetary support is not a problem of the Laboratory.

The chief obstacle is space; further expansion of the Laboratory is not possible in the present quarters. It is hoped that additional space may be obtained, preferably at the Infirmary but elsewhere if necessary, to serve the important function of providing a place where future leaders in ophthalmology may obtain experience in research. It is certainly a vulnerable point in our present system of ophthalmic education that the majority of those who head ophthalmic departments in this country have had little or no opportunity for first hand experience with ophthalmic research during their training and it is incumbent on the few ophthalmic research centers to make such facilities available as far as possible.

RESEARCH PROJECTS

Evidence has accumulated from studies both in the Howe Laboratory and elsewhere that the intraocular pressure is controlled by the secretion of some substance or substances into the aqueous humor. Were it possible to identify this substance and to regulate its secretion, one would have a basic understanding important not only for the physiologic processes in the normal eye, but conceivably, also for the control of glaucoma. To obtain fundamental

data on the ocular secretory process, Dr. Kinsey is currently making an exhaustive study of various constituents of the intraocular fluid.*

Stimulated by the disastrous consequences of sulphur dioxide burns of the eye which had occurred in a series of patients seen at the Infirmary, Dr. Grant has investigated the mode of action of this poison.* Dr. Grant is also conducting biochemical studies on methyl alcohol and other poisons with the purpose of elucidating the deleterious effect of these substances on vision.*

The extent to which visual acuity is affected by continuous rotary or horizontal movement of the test object, is being investigated by Dr. Ludwig. In view of the exhaustive studies that have been made of the visual acuity of stationary objects, it is curious that no previous studies have been made for moving objects, a function that is of prime importance for both military and civilian activities.*

Vascularization of the cornea is an important problem from a clinical point of view and an intriguing one from the physiologic point of view. Dr. Cogan has made a study of the events occurring during vascularization of the rabbit cornea and has presented evidence indicating that the significant factor in the stimulus for neovasculogenesis is a decrease in tissue compactness.*

A statistical survey of the results of various glaucoma operations was made by Dr. Albert N. Lemoine during his tenure as Fellow in Ophthalmic Research. Under the joint aegis of the Howe Laboratory and Department of Bacteriology at the Harvard Medical School, Dr. Henry F. Allen has made a study of the effect of sodium iodide on the herpes simplex virus.*

Other noteworthy activities of the Howe Laboratory are published in detail in the separate report of the Laboratory and elsewhere. The Laboratory continues with mutual profit to serve in consultation for a wide variety of interests where ophthalmic research is involved and to participate in the presentation of papers and discussions at various meetings.

ADDITIONAL ENDOWMENT NEEDED

A major problem facing the Howe Laboratory is that of finances. Increased operating expenses - supplies, equipment, services and wages - is especially disconcerting for endowed institutions with fixed capital. The operating cost has practically

doubled and, were outside funds not forthcoming, the Laboratory would naturally have to shrink accordingly. In view of the increasing importance of the Laboratory, this would seem most unfortunate.

Fortunately several agencies and individuals noted below have generously made supplementary additions to the Laboratory income. While this is chiefly in the form of project donation and does not provide a long term solution, it does enable the Laboratory to maintain its present staff and to continue its important work. It is to be hoped that in the future additional endowment may be obtained. The following have, by their support, made possible much of the investigation noted in the foregoing report. To them and to others who have contributed in less tangible ways, the Laboratory is profoundly grateful:

American Optical Company for support of research in physiological optics - first year of three year grant.

John and Mary Markle Foundation for support of studies on factors affecting intraocular pressure - first year of a two year grant-in-aid.

Mrs. Elizabeth H. Kidder and Mr. Frank E. Goddard for general expenses.

Mrs. Francis I. Proctor for the cost of sending journals abroad.

HOWE LIBRARY

With the guidance of Miss Jeanette Loessl, the Howe Library has been a clearing house for the distribution of ophthalmological journals to leading ophthalmologists and institutions abroad. The journals, donated by physicians in this country who are willing to part with their current and wartime numbers, are directed, as far as possible, to European centers which need them most. The response has been highly gratifying.

The following are excerpts from Miss Loessl's report of the activities of the Library:

"It is gratifying to find that during this year more books, journals, pamphlets and reprints were borrowed than in any other year. The increase in attendance can be attributed in part to the return to practice and research of men who had been in the armed forces. The fact that the Library was open evenings from March through June for the students

*Further data to be found in the ANNUAL REPORT OF THE HOWE LABORATORY OF OPHTHALMOLOGY published under separate cover.

enrolled in the first peace-time post-graduate course in ophthalmology, was another contributing factor.

"More doctors, research workers, social workers, nurses and hospital personnel have availed themselves of the interlibrary loan service so that more literature that was not pertinent to permanent acquisition was borrowed from other institutions than heretofore. Assistance in checking and compiling bibliographies, and tracing and locating specific references has been given whenever requested, and it is hoped that requests of this nature will grow and increase the working value of the Library.

"The book stock of the Library was enlarged by more gifts than purchases. Dr. Terry's widow gave generously of his personal library and a number of volumes were acquired through the gen-

erosity of other individuals and the Medical Library Association Exchange. The cataloging and accessioning of more of Mrs. Lucien Howe's gift of 1938 of foreign books and journals, which had been stored during the war, added substantially to the book count.

"At the request of the librarian and the Library Committee, Dr. Harry Messenger revised the Library rules with a resulting better cooperation of the borrowers. The Infirmary furnished a student librarian for the evening hours during the period when the post-graduate course was in session."

David G. Cogan M.D.

Director, Howe Laboratory

LECTURES GIVEN and ARTICLES PUBLISHED

THE HOWE LABORATORY OF OPHTHALMOLOGY

DAVID G. COGAN, M.D. "Superficial Burns of Skin and Eyes from Scattered Cathode Rays" in collaboration with L. L. ROBBINS, M.D., J. C. AUB, M.D., M.D., OLIVER COPE, M.D., J. L. LANGOHR, M.D., R. W. CLOUD, M.S., and O. E. MERRILL, B.E.E. Radiology. Vol. 46, pp. 1-23, Jan.

"The Cornea VIII. Permeability of the Excised Cornea to Ions as Determined by Measurements of Impedance" in collaboration with MARGARET HOLT, Ph.D. Archives of Ophthalmology. Vol. 35, pp. 292-298, March.

"Action Spectrum of Keratitis Produced by Ultraviolet Radiation" in collaboration with V. E. KINSEY, Ph.D. Archives of Ophthalmology. Vol. 35, pp. 670-677, June.

"Biochemistry, Pharmacology and Toxicology" in collaboration with W. M. GRANT, M.D. Ophthalmology in the War Years. Vol. I. (1940-1943), edited by M. Weiner, Chicago, The Year Book Publishers, 1946, pp. 37-66.

"Some Ocular Motor Syndromes." Presented at the New York Academy of Medicine, Ophthalmic Section, New York City, Oct. 21.

"Neurologic Significance of Lateral Conjugate Gaze." Presented at the New England Ophthalmological Society, Boston, Nov. 20.

W. MORTON GRANT, M.D. "Ocular Complications of Malaria." Archives of Ophthalmology. Vol. 35, pp. 45-54, Jan.

"Factors Influencing the Inactivation of Urease by Alkylating Agents" in collaboration with V. E. KINSEY, Ph.D. Journal of Biological Chemistry. Vol. 165, pp. 485-493, Oct.

"Measurements of the Reaction Rate of Bis-B-Chloro-ethyl Sulfide in Aqueous Media" in collaboration with V. E. KINSEY, Ph.D. Journal of Biological Chemistry. Vol. 164, p. 495, Oct.

"Synthetic Preparation of 2-Chloro, 2-Hydroxy Diethylsulfide. Reaction with Cysteine and Valine, and Measurement of Reaction Rate in Aqueous Media" in collaboration with V. E. KINSEY, Ph.D. Journal of American Chemical Society. Vol. 68, p. 2075, Oct.

"Apparatus for Quantitative, Low-temperature, Vacuum Distillation of Milliliter Volumes." Journal of Industrial and Engineering Chemistry, (Analytic Edition). Vol. 18, p. 729, Nov.

"Ocular Injury due to Sulphur Dioxide." Presented at the New England Ophthalmological Society, in Boston, Nov. 20.

V. EVERETT KINSEY, PH.D. "Micromethod for the Determination of Urea" in collaboration with P. ROBISON. *Journal of Biological Chemistry*. Vol. 162, pp. 325-331, Feb.

"The Reaction of Mustard Gas with Proteins. I. The Nutritional value of Casein Reacted with Mustard Gas" in collaboration with W. M. GRANT, M.D. *Archives of Biochemistry*. Vol. 10, pp. 303-309, June.

"The Reaction of Mustard Gas with Proteins. II. Biological Assay of Amino Acids Affected" in collaboration with W. M. GRANT, M.D. *Archives of Biochemistry*. Vol. 10, pp. 311-320, June.

"Determination of the Rate of Disappearance of Mustard Gas and Mustard Intermediates in Corneal Tissue" in collaboration with W. M. GRANT, M.D. *Journal of Clinical Investigation*. Vol. 25, pp. 766-779, Sept.

"Spectral Absorption Measurements of the Refractive Media of the Eye." Presented at the New England Ophthalmological Society, Boston, Nov. 20.

"Iodometric Microtitration for Mustard Gas" in collaboration with W. M. GRANT, M.D. *Journal of Industrial and Engineering Chemistry, (Analytic Edition)*. Vol. 18, p. 794, Dec.

E. LUDVIGH, PH.D. "Effect of Long Ultraviolet Radiation on the Human Eye" in collaboration with V. E. KINSEY, Ph.D. *Science*. Vol. 104, #2598, pp. 246-247, Sept. 13.

"Visual Acuity Tested with a Moving Object." Presented at the New England Ophthalmological Society, Boston, Nov. 20.

DEPARTMENT OF OTO-LARYNGOLOGY

ELIZABETH DEBLOIS, M.D. "Penicillin in the Field of Oto-Laryngology; Clinical and Bacteriologic Studies with Special Reference to Topical Applications." *Archives of Oto-Laryngology*, Vol. 44, p. 174, Aug.

EDGAR M. HOLMES, M.D. "Stenosis of the Nasopharynx and Its Correction" in collaboration with V. H. KAZANJIAN, M.D. *Archives of Oto-Laryn-*

gology, Vol. 44, pp. 261-273, Sept.

"Foreign Body in the Esophagus." *Archives of Oto-Laryngology*, Vol. 44, pp. 581-584, Nov.

VARAZTAD H. KAZANJIAN, D.M.D., M.D. "Spontaneous Regeneration of Bone Following Excision of Section of the Mandible." *American Journal of Orthodontics and Oral Surgery*. Vol. 32, No. 4, Oral Surgery, pp. 242-248, April.

"Surgical Treatment of Ichthyosis Hystrix." *Plastic and Reconstructive Surgery*. Vol. 1, No. 1, July.

"The Repair of Nasal Defects with the Median Forehead Flap. Primary Closure of Forehead Wound." *Surgery, Gynecology and Obstetrics*. Vol. 83, pp. 37-49, July.

"Stenosis of the Nasopharynx and Its Correction" in collaboration with E. M. HOLMES, M.D. *Archives of Oto-Laryngology*. Vol. 44, pp. 261-273, Sept.

"The Treatment of Extensive Losses of the Scalp" in collaboration with RICHARD C. WEBSTER, M.D. *Plastic and Reconstructive Surgery*. Vol. 1, No. 3, Nov.

GEORGE KELEMEN, M.D. "Tonsils and Aging." *Bulletin, New England Medical Center*. Vol. 8, pp. 41-47, Feb. *Geriatrics*. Vol. 1, pp. 277-284, July-Aug.

"Non-experimental Nasal Pathology in Laboratory Rats" in collaboration with F. SARGENT, M.D. *Archives of Oto-Laryngology*. Vol. 44, pp. 24-42, July.

"The Use of Glycerite of Hydrogen Peroxide in Inflammatory Aural Conditions" in collaboration with E. A. BROWN, M.D. *The Laryngoscope*. Vol. 56, pp. 556-560, Sept.

"Oto-Laryngological Pathology." 33 lectures, delivered in Rio de Janeiro, Montevideo, Buenos Aires, Rosario, Santiago de Chile, Valparaiso and Lima, July-Aug.

JOSEPH LENTINE, M.D. "A Review of One Hundred Cases of Acute Aero-Otitis." *Archives of Oto-Laryngology*. Vol. 43, pp. 293-297, March.

HARRIS P. MOSHER, M.D. "My Milestones." *Laryngoscope*. Nov. and Dec.

JOHN R. RICHARDSON, M.D. "Foreign Bodies in the Respiratory Tract." *New England Journal of Medicine*. Vol. 235, No. 20, Nov. 14.

LEROY A. SCHALL, M.D. "Cancer of the Nose and Throat." Address: Academy of Medicine of Northern New Jersey, Newark, New Jersey. Feb. 21.

(1) "Deafness and Its Treatment." (2) "Acoustic Neuritis Associated with Keratitis." (3) "Histology and Pathology of Sinusitis." Lectures given for "The Gill Memorial Post-Graduate Course", Roanoke, Virginia. April 2 and 3.

(1) "Cancer of Nose and Sinuses." (2) "Cancer of Nasopharynx and Larynx." Lectures given for "The University of Michigan Post-Graduate Course", Ann Arbor, Michigan, April 23.

"Cancer of the Upper Respiratory Tract." Akron Academy of Oto-Laryngology, Akron, Ohio, May 13.

"Sinusitis and its Treatment." New York Academy of Medicine, New York, N.Y. May 15.

"Cancer of the Larynx." Asociacion Medica de Guatemala, Guatemala City, Aug. 13.

HERMAN J. STERNSTEIN, M.D. "Management of Common Eye, Ear, Nose and Throat Conditions in Naval Practice." U.S. Naval Medical Bulletin, Vol. 46, No. 7, pp. 1041-1052, July.

"Nasal Resistance Inhaler - A new method for the prevention and treatment of aero-sinusitis and aerotitis media." In press, Journal of Aviation Medicine.

DEPARTMENT OF OPHTHALMOLOGY

HUGH C. DONAHUE, M.D. "Herpes Zoster with Varied Complications." American Journal of Ophthalmology. Vol. 29, No. 5.

"Orbital Cellulitis followed by Total Blindness." American Journal of Ophthalmology. Vol. 29, No. 12.

EDWIN B. DUNPHY, M.D. "Problems of Post-War Ophthalmologic Training." Editorial, American Journal of Ophthalmology. Vol. 29, p. 215, Feb.

"Penicillin in Ophthalmology - A Review of the Literature." Read before the New England Ophthalmological Society. March 19.

"Medical Progress: Ophthalmology." New England Journal of Medicine. Vol. 235, p. 117, July 25.

"Di-isopropyl Fluorophosphate - a New Miotic."

Read before the Massachusetts Eye and Ear Infirmary Alumni Meeting. Nov. 20.

"Di-isopropyl Fluorophosphate in Glaucoma." Editorial, American Journal Ophthalmology. Vol. 29, p. 1468, Nov.

"Headache from the Standpoint of the Ophthalmologist." Read before the Pentucket Medical Association. Dec. 12.

"Effect of Oily Drops on Eyes exposed to Mustard Vapor" in collaboration with GEORGE I. UHDE, M.D. American Journal of Ophthalmology. Vol. 29, p. 1562, Dec.

WALTER B. LANCASTER, M.D. "What is Orthoptics?" Journal of the American Medical Association. Vol. 130, pp. 407-411, Feb. 16.

OTHER DEPARTMENTS

EDWARD B. BENEDICT, M.D. "Correlation of Gastroscopic, Roentgenologic and Pathologic Findings in Diseases of the stomach: An Analysis of 245 Proved Cases." Pan-coast lecture. American Journal of Roentgenology and Radium Therapy, Vol. 4, No. 3, March.

"Benign Stricture of the Esophagus." Comment. Gastroenterology. Vol. 6, p. 328, April.

"Endoscopy." New England Journal of Medicine. Vol. 235, p. 16, July.

TRACY B. MALLORY, M.D. "The Fulminant Form of Epidemic Hepatitis" in collaboration with B. Lucke, M.D. American Journal of Pathology. Vol. 22, pp. 867-945.

EUNICE W. WILSON, B.S. "Basic Eye Information in Training of Workers." The Sight Saving Review. Vol. 16, No. 1, p. 12, Spring.

"A Medical Social Approach to the Needs of the Pre-school Blind." Outlook for the Blind and the Teachers Forum. Vol. 40, No. 8, p. 22, Oct.

RUTH M. BUTLER. "Report of the Summer School Project for Parents of Blind Infants" in collaboration with FRANCES E. MARSHALL. A pamphlet.

"A Medical Social Study on Retrolental Fibroplasia." The Field of Vision, a bulletin for Medical Social Workers. Vol. 1, No. 3, June 15.

IN MEMORIAM

EDWARD K. ELLIS, M.D.
Consulting Surgeon in Ophthalmology

1904 - Ophthalmic Intern; 1905 - Ophthalmic Clinical Assistant; 1911 - Junior Assistant Surgeon; 1913 - Assistant Surgeon; 1925 - Surgeon; 1940 - Consulting Surgeon. During the war, he returned to the Eye Clinic to take the place of those who had joined the Armed Forces.

THEODORE L. TERRY, M.D.
Ophthalmic Surgeon

1928 - Ophthalmic Intern, Assistant Pathologist; 1929 - Ophthalmic Clinical Assistant; 1932 - Assistant Surgeon, Pathologist; 1939 - Ophthalmic Surgeon, Director Pathological Laboratory.

FRANKLYN D. BURGER, M.D.
Senior Ophthalmic Clinical Assistant

1941 - Ophthalmic Resident, Senior Ophthalmic Clinical Assistant. During the war, he did valuable work with the Navy Research Program.

DIRECTORY

MEMBERS OF INFIRMARY STAFF, ALUMNI AND RESIDENTS

Names of active members of the Infirmary Staff are printed in capital letters.

Abbreviations following the name indicate to what service of the Infirmary the individual belongs:-

Bron.; Bronchoscopy	M.; Manager
Esoph.; Esophagoscopy	Oph.; Ophthalmology
Oto-Lar.; Oto-Laryngology	

Letters in small type preceding the abbreviations indicate the special work of the individual:-

a.; assistant	exec. a.; executive assistant
an.; anesthetist	path.; pathologist
assoc.; associate	r.; resident
c.; chief of service	ront.; roentgenologist
cl.; clinical	s.; surgeon
cons.; consulting	s.p.o.; surgeon for plastic operations
dir.; director	s.t.c.; surgeon assigned to Tumor Clinic
e.; extern	

Addresses are in Boston unless stated to be elsewhere; and are in Massachusetts when no State is indicated.

The following list is correct to the best of our knowledge and belief. If there are any inaccuracies or omissions ~~we~~ we would be glad to have these brought to our attention.

Albaugh, Clarence H., Oph. 1940
727 W. 7th. Los Angeles, Calif.

Alexander, Seeyman L., Aural, 1919
170 St. George, Toronto,
Ont., Can.

Allen, John H., Aural, 1904
Cape Elizabeth, Maine

ALLMAN, CHARLES H., assoc.s. Oto-Lar..
(Oto-Lar. 1930)
520 Commonwealth Ave.

Amberg, Emil, Aural 1897
1244 West Boston Boulevard
Detroit, Mich.

Anthony, Alan R., Oph. 1936
736 Granville, Vancouver,
British Columbia, Can.

Anthony, Marc, Oph. 1929
Westminster Apts.
Spokane, Washington

Ayash, John J. Oto-Lar. 1946
23 West Central, Minot
North Dakota

Aylesworth, Frederick, A., Oph. 1916
Suite 1001 Medical Arts Bldg.
Toronto, Ontario, Can.

BAHN, GUSTAV C., r. Oph.

Bair, Hugo L., Oph. 1932
Mayo Clinic, Rochester, Minnesota

Ballenger, John J., Oto-Lar. 1943
1340 Asbury Ave., Winnetka, Ill.

Barnes, Harry A., cons. s. Oto-Lar.
61 Church, Dedham

- Barton, Richard T., Oto-Lar. 1945
120 So. Lasky Drive,
Beverly Hills, Calif.
- Bassen, Edward J., Oph. 1928
654 Madison Ave., N.Y.C.
- Baur, Frederick E., Aural 1902
43 Grande Ave., Milwaukee, Wis.
- BEECHER, HENRY, an. MGH
- BEETHAM, WILLIAM P., s. Oph.
(Oph. 1929) 108 Bay State Road
- BENEDICT, EDWARD B., cl. a., Bron. & Esoph.
MGH
- Berry, Gordon, Aural 1910
36 Pleasant, Worcester
- Birdsall, Clarence H., Aural 1916
Oph. 1918 26 Summer, Haverhill
- Black, Daniel E., Oto-Lar. 1944
26 Lake, Nashua, N.H.
- Blaisdell, Irl H., Oto-Lar. 1939
Medical Arts Bldg., Syracuse, N.Y.
- BOBBETT, GORDON H., r. Oto-Lar.
- Bogan, Frederick L., con.s., Oto-Lar.
(Aural 1908) 249 River, Milton
- Boies, Lawrence R., Oto-Lar. 1931
1937 Medical Arts Bldg.
Minneapolis, Minn.
- BRACONIER, HARRY E., Sr. cl. a. Oph.
264 Beacon (Oph. 1945)
- Brady, Frank W., Oto-Lar. 1942
8 Merrimac, Lowell
- Brawner, Leon E., Oto-Lar. 1925
384 Peachtree, Atlanta, Ga.
- BREWER, DAVID W., r. Oto-Lar.
- Briggs, Wallace R., Oph. 1920
229 M, Sacramento, Calif.
- Brown, Lester A., Jr., Oto-Lar. 1937
478 Peachtree, Atlanta, Ga.
- Bryan, Burton D., Oto-Lar. 1943
151 Rock, Fall River
- Burke, J. Robert, Oph. 1918, Aural 1919
207 Elm, Holyoke
- Cameron, Walter C., Oph. 1930
1103 Medical Arts Bldg.
Tacoma, Washington
- Candray, Carlos H., Oph. 1944
San Salvador, El Salvador
- CAPELES, THOMAS F., cl.a., Oph. (Oph. 1915;
Aural 1916)
191 Merrimac, Haverhill
- Caron, Armand L., Oto-Lar. 1927
36 Pleasant, Worcester
- Carroll, Frank D., Oph. 1935
635 W. 165th, N.Y.C.
- Carroll, Henry G., Oph. 1911
270 Commonwealth Ave.
- CARROLL, WALTER J. E., Oto-Lar.
5 Chestnut, Arlington
- Carter, Leland F., Oph. 1926
1553 Woodward Ave.,
Detroit, Mich.
- Case, Paul H., Oph. 1938
418 Professional Bldg.
Phoenix, Arizona
- CASTEN, VIRGIL G., s. Oph. (Oph. 1931)
412 Beacon
- CAVANAUGH, THOMAS, a.s. Oph. (Oph. 1940)
395 Commonwealth Ave.
- Cave, Linus S., Oto-Lar. 1927
1504 State Tower Bldg.
Syracuse, N.Y.
- CERRATO, CALVIN M., cl. a. Oto-Lar.
(Oto-Lar. 1944) 5 Bay State Road
- CHAMBERLAIN, CALVIN B., sr. cl.a. Oph.
(Oph. 1944) 308 Commonwealth Ave.
- CHANDLER, PAUL A., s. Oph. (Oph. 1925)
5 Bay State Road

- CHISHOLM, JULIAN F., JR., sr. cl.a. Oph.
45 Bay State Road
- Clap, Edmund W., con.s. Oph. (Oph. 1899)
395 Commonwealth Ave.
- Clarke, Samuel T., Oph. 1939
240 W. First, Reno, Nev.
- CLOUGH, JOSEPH M., sr. cl.a. Oph.
(Oto-Lar. 1939; Oph. 1941)
101 Bay State Road
- COGAN, DAVID G., asso. s. Oph.; dir.
Oph. Labs. (Oph. 1935)
243 Charles
- Cogan, James R., Oph. 1944
444 N. Bedford Drive
Beverly Hills, Calif.
- COLLINSON, A. WILLIAM, sr.cl.a. Oph.
226 Bay State Road
- Converse, John M., Oto-Lar. 1938
121 E. 60th, New York City
- Cooper, Kemp G., Oto-Lar. 1930
1516 Cook, Denver, Col.
- Cordray, David P., Oto-Lar. 1940
1912 Spruce, Philadelphia, Pa.
- COVITZ, EDWARD E., a.s. Oph.
475 Commonwealth Ave.
- Coyle, John A., Oph. 1931
Norwich, Vermont
- Crewson, Arthur L., Oto-Lar. 1927
132 Second, West Cornwall,
Ontario, Canada
- Davidson, Herman F., Oph. 1920
30 North Michigan Ave., Chicago
- Day, Kenneth, Oto-Lar. 1924
121 University Place, Pittsburg, Pa.
- Dean, Abbott W., Oph. 1929
424 Oakland Ave., Council Bluffs,
Iowa
- DE BLOIS, ELIZABETH, cl.a. Oto-Lar.
247 Commonwealth Ave.
- DONAHUE, HUGH C., a.s. Oph., (Oph. 1931)
520 Commonwealth Ave.
- DONOGHUE, WILLIAM F., cl.a. Oph.
(Oto-Lar. 1942; Oph. 1944)
69 Chestnut, Springfield
- Dowling, Joseph L., Oph. 1918
57 Jackson, Providence, R.I.
- DROOKER, JOSHUA C., a.s. Oto-Lar.
(Oto-Lar. 1939)
20 Charlesgate West
- Drury, Dana W., Aural 1906
483 Beacon
- Duclos, Gaston N., (Oto-Lar. 1943; Oph. 1945)
4565 Queen Mary Road, Montreal, Canada
- DUEST, LLOYD J., Cl.a.Oph
227 Union, New Bedford
- DUNPHY, EDWIN B., c. Oph; (Oph. 1923)
243 Charles
- EASTON, MAHLON T., a.s. Oph. (Oph. 1936)
264 Beacon
- ERNLUND, CARL H., s.t.c.; (Oto-Lar. 1927)
5 Bay State Road
- EVANS, MAURICE G., assoc. s. Oto-Lar.
(Oto-Lar. 1928) 416 Marlborough
- Evans, William H., Oph. 1924
510 Dollar Bank Bldg.
Youngstown, Ohio
- Farrell, James I., Oph. 1932
Kempf Bldg., Utica, N.Y.
- Faunce, Calvin B., con. s. Oto-Lar.
(Aural 1907) 290 Commonwealth Avenue
- FAXON, NATHANIEL W., dir., M.E. & E.I.
- Filmer, George A., Oph. 1939
530 Metropolitan Bldg., Denver, Colo.
- Fisher, Stanwood E., Aural 1909
338 Spring, Portland, Me.
- Floyd, Paul E., Oph. 1946
102 Main, Farmington, Me.

- Foote, Charles M., Oph. 1940
 412 North Hastings Ave. Hastings, Neb.
- Frackleton, Ralph J., Oto-Lar. 1933
 15701 Detroit Ave., Lakewood, Ohio
- Franklin, C. Ray, Oph. 1931
 166th & Broadway, N.Y.C., N.Y.
- FRAZEE, JOHN R., a.s. Oto-Lar.,
 (Oto-Lar. 1934) 311 Beacon
- FRED, GUSTAVE B., s. Oto-Lar.,
 (Oto-Lar. 1925) 520 Beacon
- Fultz, William E., Oph. 1927
 45 Kaye, Halifax, N.S., Can.
- Gabriels, Joseph A.C., Oph. 1921
 435 State, Albany, N.Y.
- Garland, Frederick E., cons. s. Oto-Lar.
 483 Beacon
- Gaudreau, Honore E., Oph. 1930
 293 Bridge, Springfield
- Gaus, Louis, Oph. 1921
 Ticonderoga, N.Y.
- Germain, Harry H., Oph. 1899
 479 Commonwealth Ave.
- Gibson, Arthur C., Aural 1921
 516 Sutter, San Francisco, Calif.
- Gifford, Harold, Jr., Oph. 1934
 1620 Medical Arts Bldg.
 Omaha, Neb.
- Gilbert, John J., Oph. 1917; Aural 1920
 221 Thayer, Providence, R.I.
- Gillespie, Elmer H., Oto-Lar. 1932
- Goduti, Richard J., Oph. 1946
 704 Congress, Portland, Maine
- GOLDCAMP, RICHARD R., r. Oto-Lar.
- Goldman, A. Milton, Oph. 1924
 Rockville Centre, N.Y.
- Goodale, Joseph L., cons. s. Oto-Lar.
 Ipswich
- GOODALE, ROBERT L., s. Oto-Lar.
 (Oto-Lar. 1926)
 330 Dartmouth
- Goodall, Edwin B., cons. s. Oph. (Oph. 1918)
 71 Bay State Road
- Goodell, William, Aural 1906
 121 Chestnut, Springfield
- Gray, Gerald H., Oto-Lar. 1929
 420 Mountain Ave., Piedmont, Calif.
- GROSSMAN, HERMAN P., a.s. Oph.;
 (Oph. 1934)
 210 Angell, Providence, R. I.
- Guimaraes, Joao C., Oto-Lar. 1946
 Rua Alexandre Ferreira 148
 Rio de Janeiro, Brazil
- GUNDERSEN, TRYGVE, s. Oph. (Oph. 1930)
 101 Bay State Road
- Hacking, Raymond F., Oph. 1927
 105 Waterman, Providence, R.I.
- HAIRE, PAUL G., a.s. Oph.
 6 Pleasant, Malden
- Halton, Edward J., Oto-Lar. 1942
 56 Suffolk, Holyoke
- HAPP, LINLEY C., sr. cl.a. Oph;
 (Oto-Lar. 1931; Oph. 1943)
 199 Thayer, Providence, R.I.
- Hawkins, Henry, cons.s. Oph. (Oph. 1909)
 394 Marlborough
- Heffernan, David A., Oph. 1904
 270 Commonwealth Ave.
- Heine, Lyman H., Oto-Lar. 1927
 1535 N. Broad, Freemont, Nebr.
- HEINICKE, HORST J., r. Oto-Lar.
- Hennessey, William W., Aural 1908
 33 Essex, Salem
- Hill, Frederick T., Aural 1916
 111 Main, Waterville, Me.
- HILL, FRANCIS S., a. dir., M.E. & E.I.

Hobart, Carl, Oph. 1922
518 Metropolitan Bldg., St. Louis, Mo.

Hollabaugh, Charles F., Oph. 1932
Doctors' Bldg., Nashville, Tenn.

HOLMES, EDGAR M., a.s.p.o. Oto-Lar. (Oto-Lar.
1934)
330 Dartmouth

HOLT, LAWRENCE B., r. Oph.

Hoople, Gordon D., Oto-Lar. 1926
Medical Arts. Bldg., Syracuse, N.Y.

Houston, G. Gilbert, Oto-Lar. 1938
10 West, Charlottetown, P.E.I., Can.

HUTCHINSON RUTH M., ex.a., M.E. & E. I.

Ireland, Percy E., Oto-Lar. 1935
170 St. George, Toronto, Ontario, Canada

Irgens, Edwin R., Oto-Lar. 1938
Waterville, Maine

IRVINE, A. RAY, JR., r. Oph.

Irvine, S. Rodman, Oph. 1935
700 Roosevelt Bldg., Los Angeles, Calif.

Irvine, Wendell C., Oph. 1941
700 Roosevelt Bldg.
Los Angeles, Calif.

Jack, Frederick L., cons. s. Oto-Lar.
(Aural 1884) 215 Beacon

JESBERG, NORMAN, r. Oto-Lar.

Jewett, Everett P., Oph. 1945
69 Moore, Worcester

JOHNSON, CARL C., sr.cl.a., Oph.;
(Oph. 1942) 5 Bay State Road

JOHNSON, CHARLES I., s. Oto-Lar.
(Oto-Lar. 1929) 403 Commonwealth Ave.

Johnson, Lorand V., Oph. 1937
2065 Adelbert Road
Cleveland, Ohio

Jones, Edward E., Oto-Lar. 1928
141 W. Elm, Brockton

Judd, Delbert K., Oto-Lar., 1934
423 Arcade Bldg., Kankakee, Ill.

KANT, ALFRED, r. Oph.

KAZANJIAN, KENNETH, cl.a. Oto-Lar.
475 Commonwealth Ave.

Kazanjan, Varaztad H., con. s.p.o.
Oto-Lar. & Oph.
475 Commonwealth Ave.

Kearny, Richard A., Aural & Lar. 1921
2311 Connecticut Ave.
Washington, D.C.

KELEMEN, GEORGE, cl.a. Oto-Lar.
20 Gloucester

KELLEY, VINCENT J., assoc.s. Oto-Lar.
520 Commonwealth Ave.

KENT, CHARLES, cl.a. Oto-Lar.
270 Commonwealth Ave.

Kennedy, Michael F., Oph. 1927
1835 I, N.W., Washington, D.C.

Kerst, J. Arthur, Oph. 1934
55 East Washington, Chicago, Ill.

KING, MERRILL J., assoc. s. Oph.
(Oph. 1932) 264 Beacon

Kos, Clair M., Oto-Lar. 1941
Duke University, Durham, North Carolina

Lancaster, Walter B., cons. s. Oph.
520 Commonwealth Ave.

Langworthy, Henry G., Aural 1907
10th and Bluffs, Dubuque, Iowa

LAPIERRE, WARREN W., r. Oph.

LAWLOR, EDWARD R., cl.a. Oto-Lar.
(Oto-Lar. 1941) 267 Moody, Waltham

LEAHEY, BRENDAN D., a.s. Oph.; (Oph. 1933)
9 Central, Lowell

LECONTE, CHARLES M., r. Oto-Lar.

Lemoine, Albert N., Oph. 1923
1100 Rialto Bldg., Kansas City, Mo.

Lemoine, Albert N., Jr., Oph. 1945
1100 Rialto Bldg., Kansas City, Mo.

LENTINE, JOSEPH, a. s., Oto-Lar.
(Oto-Lar. 1935) 395 Commonwealth Ave.

Levitt, Jesse M., Oph. 1933
991 Ocean Ave., Brooklyn, N.Y.

LEWIS, DONALD K., a.s. Oto-Lar.
(Oto-Lar. 1943) 243 Charles

LIEBMAN, SUMNER D., sr. cl.a. Oph
(Oph. 1943) 115 Bay State Road

Liebman, William, Oph. 1911
115 Bay State Road

Lodge, Edmund, A., Oto-Lar. 1924
Mountain Home, Tennessee

LO-PRESTI, JOSEPH J., sr. cl.a. Oph.
348 Beacon

Loring, Robert G., Oph. 1900 Retired

Lothrop, Oliver A., Aural 1911
101 Beacon

Lougee, John L., Aural 1909
475 Commonwealth Ave.

Lovely, David K., Oto-Lar. 1946
73 Deering, Portland, Maine

LOVESEY, BURTON E., a.s. Oto-Lar.;
(Oto-Lar. 1935) 76 Bay State Road

LURIE, MOSES H., s. Oto-Lar.
483 Beacon

Lynch, Mercer G., Oto-Lar. 1936
1567 Exposition Blvd., New Orleans, La.

MacDonald, Alexander E., Oph. 1923
170 St. George, Toronto, Ontario, Can.

Macdonald, Donald H., Oto-Lar 1930

Machamer, R. Wenner, Oto-Lar. 1945
119 E 74th, New York City

MacKechnie, William G., Aural 1918

Mackenzie, Roland C., Oph. 1911
30 Grant, Waltham

MACLAUGHLIN, CHARLES H., r. Oph.

MacMillan, Andrew L., Jr., Aural 1912
46 Pleasant, Concord, N.H.

MACMILLAN, ALEXANDER S., ront.
483 Beacon

Macnie, John P., Oph. 1929
635 W 165th, New York City

Mallory, Tracy B., cons. path. MGH

Mansur, Leon Wallace, Oph. 1898
Retired-Valley Center, Calif.

MARTIN, S. FORREST, a.s. Oph. (Oph. 1938)
101 Bay State Road

Mattis, Robert D., Oph. 1942
634 N. Grand Blvd., St. Louis, Mo.

McAuley, Albert G., Oph. 1915
1301 Dorchester, West
Montreal, Quebec, Can.

McCabe, Frank J., Oph. 1916
204 Angell, Providence, R.I.

McCall, Robert E., Oto-Lar. 1941
236 S. Main, Marion, N.C.

McCLINTOCK, WALTER L., cl.a. Oto-Lar.
(Oto-Lar. (1938) 1245 Hancock, Quincy

McCusker, John J., Oph. 1897
382 Broad, Providence, R. I.

McDonald, Samuel J., cons. s. Oph; (Oph. 1902)
290 Commonwealth Ave.

McENEANEY, JOSEPH P., r. Oto-Lar.

McGuigan, G. Edmund, Oph. 1924
116 W. Market, York, Pa.

McIntire, Frederic J., Oph. 1910
63 North Common, Lynn

McKEIGUE, JOHN E., r. Oto-Lar.

- McKenzie, Rodney J., Oto-Lar. 1942
- McLeod, Angus M., Oto-Lar. 1932
Medical Arts Bldg., Toronto, Ontario, Can.
- McLeod, John, Oph. 1930
900 Argyle Bldg., Kansas City, Mo.
- Meek, Raymond E., Oph. 1926
729 Park Ave., New York City
- MELTZER, PHILIP E., s. Oto-Lar.
(Aural 1919) 20 Charlesgate West
- Merritt, Robert E., Oph. 1920
Retired-Valley Center, Calif.
- Mertins, Paul S., Oto-Lar. 1936
17 Galen, Montgomery, Ala.
- MESSINGER, HARRY K., a.s. Oph. (Oph. 1934)
313 Commonwealth Ave.
- Meyer, Monto F., Oph. 1919
904 Canal Bank Bldg., New Orleans, La.
- Miles, Nathan E., Oph. 1937
1023 S. 20th, Birmingham, Ala.
- MILLER, DANIEL, cl.a. Oto-Lar.; (Oto-Lar. 1943)
20 Charlesgate West
- MILLS, LLOYD, III, r. Oph.
- Moore, Donald E., Oph. 1937
417 Medical Arts Bldg., Syracuse, N.Y.
- Moore, Edward E., Oph. 1944
- Moore, Fontaine B., Aural 1914
- Moore, James A., Oto-Lar. 1940
525 E. 68th, New York City
- MORRISSEY, ARTHUR M., cl.a. Oph.
185 High, Medford
- Moorman, John D., Oph. 1939
Times Bldg., Huntsville, Ala.
- Mosher, Harris P., cons.s. Oto-Lar.
127 Front, Marblehead
- MOSHER, HENRY A., sr. cl.a. Oph.
(Oph. 1941) 5 Bay State Road
- Motley, Frederic E., Oto-Lar. 1925
Charlotte Eye, Ear, Nose & Throat
Hospital, Charlotte, N.C.
- MOULTON, EVERETT C., Jr., r. Oph.
- MUELLER WERNER, a.s. Oto-Lar., (Oto-Lar. 1933)
412, Beacon
- Murphy, Edward M., Oph. 1915
9 Central, Lowell
- Murphy, William E., Oto-Lar. 1933
Slater Bldg., Worcester
- Myers, Roscoe W., Oph. 1927
36 Pleasant, Worcester
- Myers, Stanley A., Oto-Lar. 1937
39 Hilton Ave., Youngstown, Ohio
- MYSEL, PHILIP, s. Oto-Lar.
483 Beacon
- Nicholson, Harry M., Aural 1913
515 Medical Arts Bldg.
Hamilton, Ontario, Can.
- O'Connell, John D., Oph. 1943
50 Farmington Ave., Hartford, Conn.
- O'Connor, Michael James, Oph. 1946
Valley National Bank Bldg. Tuscon, Arizona
- O'Connor, Michael John, Aural & Lar. 1923
105 Waterman, Providence, R.I.
- OFFENBACH, BERTHA, cl.a. Oph
270 Commonwealth Ave.
- Ogden, Frederic W., Oto-Lar. 1942
- Olds, Bomar A., Oto-Lar. 1929
26 Linden Ave., N.E., Atlanta, Ga.
- OLSEN, HENRIETTA I., exec. a.
M.E. & E. I.
- PETERSON, WALBORG L., exec. a.
M.E. & E. I.
- Parker, Harry C., Oph. 1902
- Poirier, George H., cons.s. Oto-Lar
60 Bay State Road

- POLLEN, ABRAHAM, sr.cl.a. Oph; (Oph. 1944)
64 Washington Ave., Chelsea
- Pollock, Frederic J., Oto-Lar. 1935
- POPPEN, MAYO J., r. Oph.
- Price, F. Raymond, Oph. 1936
118 Rutledge Ave., Charleston, S.C.
- Provost, Adolphe J., Oto-Lar. 1927
36 Lowell, Manchester, N.H.
- Prudhon, Charles A., Oto-Lar. 1930
168 Sterling, Watertown, N.Y.
- Quevedo, A. Arturo, Oph. 1933
4a Ave. Sur 19, Guatemala City
Guatemala, C.A.
- Quevedo, Julio, Oto-Lar. 1941
15 C.O. 5, Guatemala City
Guatemala, C.A.
- QUINCY, JOSIAH E., a.s. Oto-Lar. (Oto-Lar.
1926)
270 Commonwealth Ave.
- RAMBO, J.H. TOM, r. Oto-Lar.
- Raynes, Alphonse F., Oph. 1923
16 Market Sq., Portsmouth, N.H.
- REAGAN, DANIEL J., sr.cl.a. Oph.
(Oph. 1943; Oto-Lar. 1944)
20 Holden Green, Cambridge
- Rice, John D., Oto-Lar. 1943
390 Main, Worcester
- Rice, Theodore A., Oph. 1942
390 Main, Worcester
- RICHARDS, LYMAN G., s. Oto-Lar. (Oto-Lar.
1924)
520 Commonwealth Ave.
- RICHARDSON, JOHN R., assoc.s. Oto-Lar.
(Oto-Lar. 1935) 403 Commonwealth Ave.
- Riemer, Hugo B.C., cons. s. Oph.
29 Commonwealth Ave.
- RIEMER, KARL, sr. cl.a. Oph. (Oph. 1943)
403 Commonwealth Ave.
- ROBERTSON, ANNIE M., a. to dir.
M. E. & E. I.
- ROOPENIAN, ARAM, cl.a. Oto-Lar. (Oto-Lar.
1944)
475 Commonwealth Ave.
- Ross, Percy Jay, Oto-Lar. 1934
1045 Michigan Ave., Chicago, Ill.
- Rothwell, Stephen C., Oto-Lar. 1925
100 Eighth, New Bedford
- RUGGLES, RALPH H., assoc. s. Oph; (Oph. 1920)
394 Marlborough
- Ruggles, Roger L., Oto-Lar. 1932
80 Elm, Westfield
- RUNGE, PAUL M., sr. cl.a. Oph.
140 Marlborough
- SACHS, BENJAMIN, s. Oph; (Oph. 1925)
520 Beacon
- Sainsbury, Augustus W., Oto-Lar. 1943
42 N. Main, Canandaigua, N.Y.
- Sargent, Francis B., Aural & Lar. 1923
124 Waterman, Providence, R.I.
- Savage, Ross E., Oph. 1910
Gloucester
- Scarney, Herman D., Oph. 1928
573 Fisher Bldg., Detroit, Mich.
- SCHALL, LeROY A., c. Oto-Lar.
243 Charles
- Schnebly, J. Thomas, Oph. 1936
508 Farragut Medical Bldg.
Washington, D. C.
- SEALE, EARL S., a.s. Oph.; (Oph. 1940)
108 Bay State Road
- SENECAL, ALPHONSE L., cl.a. Oto-Lar.
1 Monument Sq., Beverly
- Shambaugh, George E., Jr., Oto-Lar. 1932
122 S. Michigan Blvd., Chicago, Ill.
- SHEEHAN, LINUS A., sr. cl.a. Oph.
(Oph. 1943) 210 Angell, Providence, R.I.

SHLOSSBERG, FRANK R., cl.a. Oto-Lar.
116 Emerson, Haverhill

Skilling, Francis C., Oph. 1933
442 Ingram Bldg., Miami, Fla.

Slaughter, Earl C., Oto-Lar. 1940
0433 Norfolk Ave., Norfolk, Neb.

SLOANE, ALBERT E., a.s. Oph.
416 Marlborough

Smith, Harold D., Oto-Lar. 1937
342 Investment Bldg., Pomona, Calif.

Snow, Robert C., Oto-Lar. 1940
202 E. So. Temple, Salt Lake City, Utah

Spratt, Charles N., Oph. 1904
785 9th, Minneapolis, Minn.

STEPHENS, H. FREDERICK, a.s. Oph.
(Oph. 1939) 195 Thayer, Providence, R.I.

STERNSTEIN, HERMAN J., cl.a. Oto-Lar.
416 Marlborough

STONE, WILLIAM, JR., r. Oph.

SULLIVAN, GARRETT L., a.s. Oph. (Oph. 1938)
101 Bay State Road

SWENSON, RUDOLPH E., cl.a. Oto-Lar.
1 Carver, Plymouth

Tegelberg, Julius, Oto-Lar. 1931
390 Main, Worcester

Thomas, John H., Oto-Lar. 1944; Oph. 1946
262 E. Market, Warren, Ohio

Thompson, Peter Hunter, cons. s. Oph.
(Oph. 1902) 308 Commonwealth Ave.

THORNE, FRED S., s. Oph.
270 Commonwealth Ave.

Tobey, George L., Jr., cons. s. Oto-Lar.
270 Commonwealth Ave.

Tobey, Harold G., cons.s. Oto-Lar. (Aural 1915)
403 Commonwealth Ave.

Toot, J. Frederick, Oph. 1922
520 First National Bank Bldg. Canton, Ohio

TUCCI, JOHN H., a.an.
243 Charles

Twitchell, Marshall C., Oph. 1941
217 S. Union, Burlington, Vt.

Vail, Derrick T., Oph. 1924
Northwestern Univ. Medical School
Chicago, Ill.

Verhoeff, Frederick H., cons. c. Oph.
395 Commonwealth Ave.

Viger, Roland J., Oph. 1937
1414 Drummond, Montreal, Quebec, Can.

Waite, J. Herbert, cons.s. Oph. (Oph. 1923)
7 Bay State Road

Wales, Ernest DeW., Aural 1902
1236 N. Pennsylvania, Indianapolis, Ind.

Walker, D. Harold, cons.s. Oto-Lar.,
(Aural 1902) 5 Bay State Road

Wattles, F. Merrill, Oto-Lar. 1938
1200 So. Kuhl Ave., Orlando, Fla.

Webster, Franklin R., Oph. 1926
810 State Tower Bldg.,
Syracuse, N.Y.

WEILLE, FRANCIS L., s. Oto-Lar.
(Oto-Lar. 1929)
247 Commonwealth Ave.

Weisman, Herman J., Oto-Lar. 1944
76 Limerock, Rockland, Me.

WEST, FRANCIS J., sr. cl.a. Oph. (Oph. 1947)
45 Bay State Road

White, Leon E., cons. s., Oto-Lar.
(Aural & Lar. 1923)
390 Commonwealth Ave.

Whitney, Raymond C., Oph., 1922
227 Union, New Bedford

Wilkins, Samuel H., cons.s. Oph.
270 Commonwealth Ave.

Willis, Harry C., Aural & Lar. 1923
216 E. Nash, Wilson, N.C.

Winkler, Herman A., Oto-Lar. 1926
224 Thayer, Providence, R.I.

Wishart, David E. S., Aural & Lar. 1922
47 Grosvenor, Toronto,
Ontario, Can.

Wright, Clarence F., Oto-Lar. 1931
86 Bloor West, Toronto
Ont., Can.

Wright, Edward N., Oto-Lar. 1933
210 Public Utilities Bldg.
Port Arthur, Ontario, Can.

Zanek, Otto L., Oph. 1946
7438 Harrisburg Blvd.,
Houston, Texas

Zonderman, Bernard, Oto-Lar. 1946
29 Bay State Road

FORM OF BEQUEST

The Massachusetts Eye and Ear Infirmary is a completely independent voluntary hospital which receives no support from the state or city.

For the information of those who may wish to aid the Infirmary, a form of bequest is here set forth:

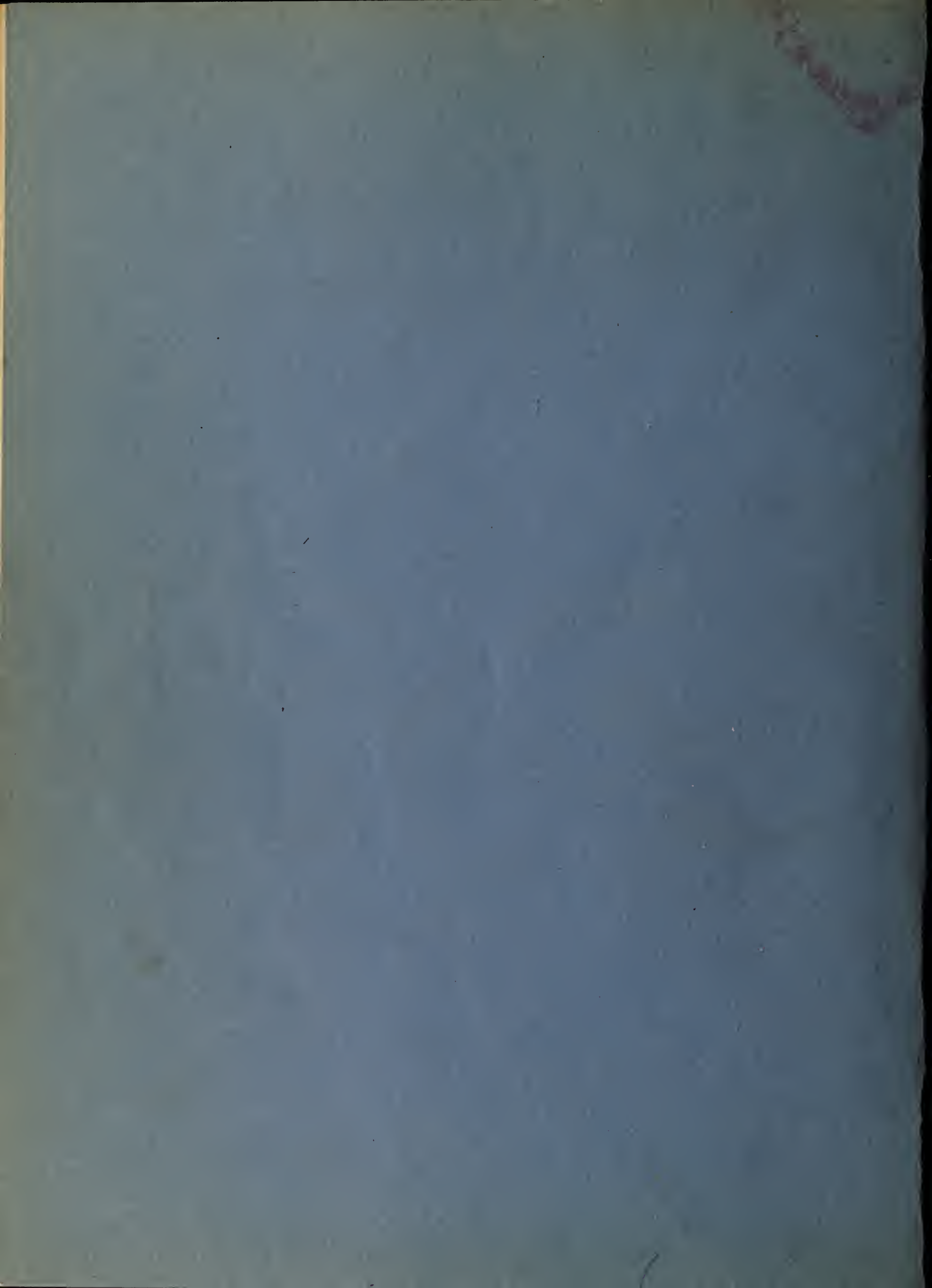
I GIVE AND BEQUEATH TO THE MASSACHUSETTS EYE AND EAR INFIRMARY (243 Charles St., Boston)_____

DOLLARS TO BE APPLIED TO THE USES OF SAID HOSPITAL.

* The Massachusetts Eye and Ear Infirmary is a completely in- *
* dependent voluntary hospital which receives no support from the *
* state or city. *

For the information of those who may wish to aid the Infirmary,
a form of bequest is here set forth:

I GIVE AND BEQUEATH TO THE MASSACHUSETTS EYE
AND EAR INFIRMARY (243 Charles St., Boston) _____
DOLLARS TO BE APPLIED TO THE USES OF SAID HOSPITAL.



Massachusetts
Eye and Ear Infirmary

ONE HUNDRED and TWENTY SECOND
ANNUAL REPORT

1947



BOSTON • MASSACHUSETTS

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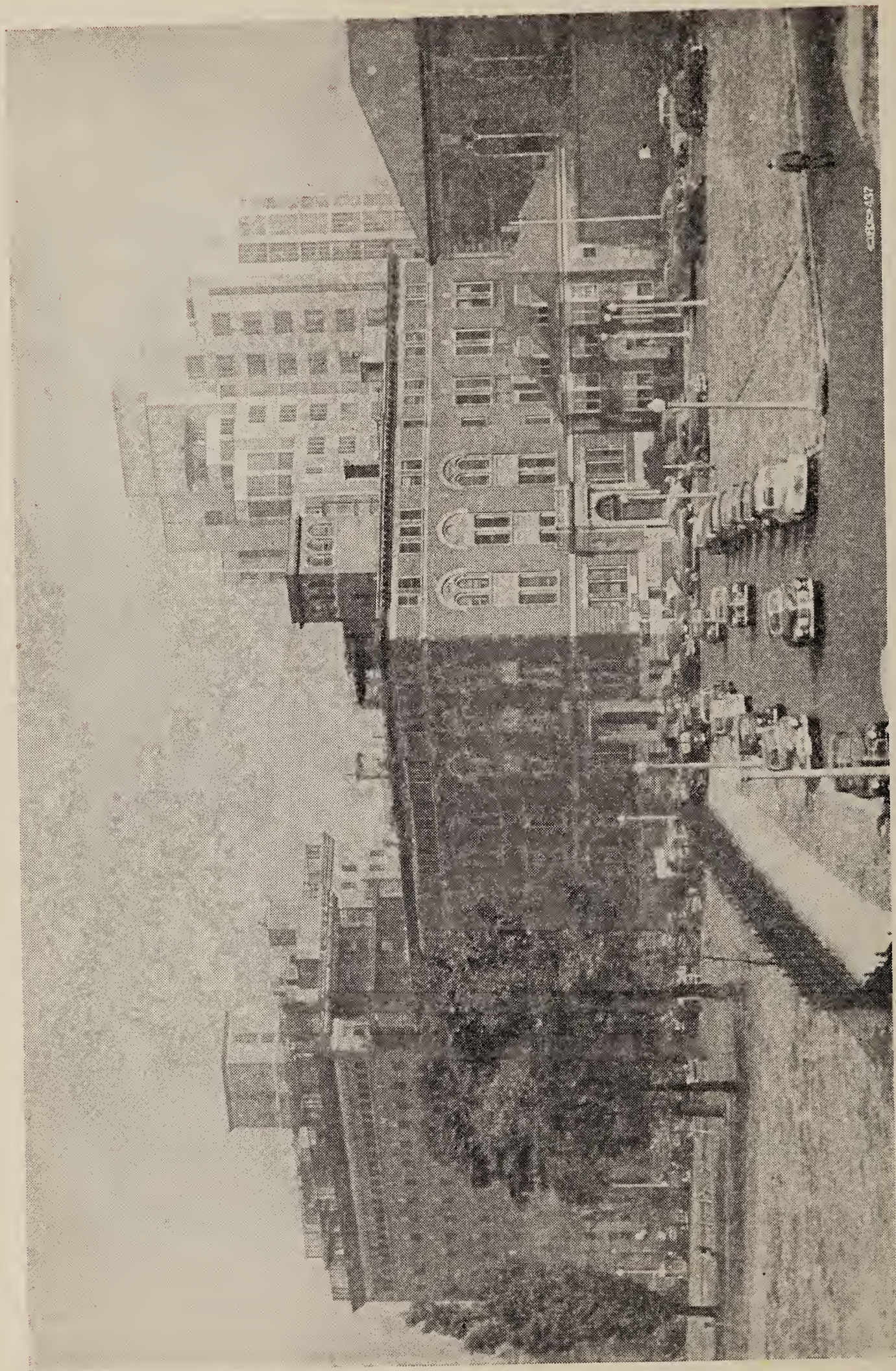
Massachusetts
Eye and Ear Infirmary

ONE HUNDRED and TWENTY SECOND
A N N U A L R E P O R T

1947



BOSTON • MASSACHUSETTS



MASSACHUSETTS EYE AND EAR INFIRMARY

MASSACHUSETTS EYE AND EAR INFIRMARY

INCORPORATED IN 1827

243 Charles Street, Boston, Mass.

Telephone: CApitol 7-0470

THE MASSACHUSETTS EYE AND EAR INFIRMARY in 1947 passed its 120th year as a voluntary hospital corporation, for the special care of men, women and children afflicted with diseases or injuries of the eyes, ears, nose and throat. The Massachusetts Infirmary is the second oldest hospital of its kind in the country, the New York Eye and Ear Infirmary having been founded several years earlier. It is also the second oldest hospital in New England, the Massachusetts General Hospital being the only one already established when the Infirmary first opened its doors in Boston in 1824.

The Infirmary is an independent, non-profit institution. It receives no support from city or state but is financially supported solely by receipts from patients, its share in the Community Fund as a "Red Feather Service," and by the voluntary gifts and funds contributed by friends. The Infirmary cooperates closely with its neighbor, the Massachusetts General Hospital, to give complete medical service to patients, as for example, the clinics for both hospitals share a common Out-Patient Department on Fruit Street. Also for maximum efficiency and economy in operating, the Infirmary unites with the Massachusetts General Hospital in such matters as purchasing, maintenance and personnel management. However, the Infirmary is a completely separate hospital with its own Board of Managers, its separate staff of specialists and its own funds.

This year marks the 48th year that the Infirmary has been housed in its present building on Charles Street. The wards and out-patient clinics are open only to patients who are not able to pay doctors' fees. In addition, a limited number of private patients under the care of staff physicians, can be cared for. All patients, in the clinics and wards as well as in private rooms, have the medical and surgical care of the staff who are specialists in Ophthalmology and Oto-Laryngology.

Patients are admitted to the wards by appointment with the Admitting Office, 243 Charles Street, from 9:30 to 12:30 daily except Sunday and legal holidays. The ward rates are \$8 a day for board and room, with special services such as operating room and anesthesia fees, laboratory tests, X-ray, extra.

Arrangements for admission to private rooms are made by the staff physician in charge of the patient. Daily rates for private care are \$12 for a single room and \$10 for semi-private accommodations. Patients arrange with their own doctor about his fees which are paid directly to him.

Blue Cross (Associated Hospital Service) plans

are accepted at the Infirmary, the benefits being allowed as soon as approval has been received. All other non-profit insurance is handled by the patient for himself and he pays the regular rates to the hospital.

Whenever possible, patients not directly referred by their own doctor should bring a letter from him recommending that they be admitted to the Infirmary. But if a patient gives satisfactory evidence that he is not being treated by another doctor and is not able to pay for care by a private physician, he is eligible for treatment in the Infirmary clinics. In cases of emergency, of course, the patient is admitted immediately at any time.

The clinics, located in the Out-Patient Department with the entrance on Fruit Street, are open daily except Sunday and legal holidays, for a fee of \$2.00 per clinic visit (as of January 1, 1948). After a preliminary interview, out-patients are examined by the clinic doctor and treatment is prescribed. If further treatment is necessary, the out-patient is given an appointment for his next visit, as subsequent visits are by appointment only.

Officers

BOARD OF MANAGERS 1947-48

<i>President</i>	.	.	.	Henry Hixon Meyer	1937
				53 State Street, Boston	
<i>Secretary</i>	.	.	.	Edmund V. Keville	1942-43 1945
				49 Federal Street, Boston	
<i>Treasurer</i>	.	.	.	Horace W. Frost	1940
				74 State Street, Boston	
William H. Claflin, III	.	.	.	74 State Street, Boston	1947
Charles P. Curtis . . . . .	.	.	.	5 Court Street, Boston	1893-95 1907
Mrs. Richard Cary Curtis	.	.	.	215 Warren Street, Brookline	1940
James C. Howe . . . . .	.	.	.	53 State Street, Boston	1914
Patrick A. O'Connell*	.	.	.	154 Tremont Street, Boston	1934
William A. Parker . . . . .	.	.	.	1 Court Street, Boston	1935
Henry W. Porter . . . . .	.	.	.	158 Willard Road, Brookline	1945
Mrs. Sullivan A. Sargent	.	.	.	701 South Street, Needham	1945
Walter H. Trumbull . . . . .	.	.	.	Weston	1929
Richard B. Walsh*	.	.	.	197 Parkview Avenue, Lowell	1947
Frederic Winthrop . . . . .	.	.	.	Hamilton	1943

* appointed by the Commonwealth

Executive Committee: Mr. Meyer, Mr. Keville, Mr. Frost, Mr. Parker

Finance Committee: Mr. Meyer, Mr. Frost, Mr. Parker

Ladies Visiting Committee

<i>Chairman</i>	.	.	.	.	.	.	.	Mrs. Sullivan A. Sargent
<i>Vice-Chairman</i>	.	.	.	.	.	.	.	Mrs. Harold Peabody
<i>Secretary</i>	.	.	.	.	.	.	.	Mrs. John E. Thayer, Jr.
<i>Treasurer</i>	.	.	.	.	.	.	.	Mrs. Richard Cary Curtis

Mrs. Arlie V. Bock	Mrs. Samuel S. Hall	Mrs. Edward J. R. Ropes
Mrs. John Bryant	Mrs. Harold L. Higgins	Mrs. Ernest Sargeant
Mrs. Harry P. Cahill	Mrs. Arnold Houghton	Mrs. LeRoy A. Schall
Mrs. Francis Carter	Mrs. Francis T. Hunter	Mrs. Henry R. Scott
Mrs. Nathaniel D. Clapp	Mrs. Charles I. Johnson	Mrs. Reginald H. Smithwick
Mrs. Henry E. W. Cunningham	Mrs. Varaztad H. Kazanjian	Mrs. William B. Snow, Jr.
Mrs. John Cutter	Mrs. Andrew Mason	Mrs. Leslie Soule
Mrs. Livingston Davis	Mrs. William W. McCarthy	Mrs. Channing Swan
Mrs. Weld Douglass	Mrs. Henry D. Minot	Mrs. Thomas C. Thacher
Mrs. Edwin B. Dunphy	Mrs. Noel Morss	Mrs. Benjamin A. G. Thorndike
Mrs. Henry Erhard	Mrs. Harris P. Mosher	Mrs. Robert Truesdale
Mrs. John W. Farley	Mrs. Alfred Peabody	Mrs. F. H. Verhoeff
Mrs. Henry H. Fay	Mrs. Eugene Record	Mrs. Roy R. Wheeler
Mrs. Reginald Foster	Mrs. Franklin A. Reece	Mrs. Gordon White
Mrs. Trygve Gundersen	Mrs. John R. Richardson	Mrs. Albert B. Williams
Mrs. George Freeman Hall	Mrs. Arthur L. Richmond	Mrs. John I. Wylde

Social Service Advisory Committee:

Mr. Porter, *Chairman*, Mrs. Peabody, Mrs. Soule, Paul A. Chandler, M.D., Moses H. Lurie, M.D., Mr. Howe.

Public Relations Advisory Committee:

Mr. Porter, *Chairman*, Mrs. Farley, David G. Cogan, M.D., Parker Heath, M.D.

Executive Officers

Director — Nathaniel W. Faxon, M.D.

<i>Assistant Director</i>	Francis S. Hill
<i>Assistant to the Director</i>	Annie M. Robertson, R.N.
<i>Chief of Ophthalmology</i>	Edwin B. Dunphy, M.D.
<i>Chief of Otology and Laryngology</i>	LeRoy A. Schall, M.D.
<i>Superintendent, Nursing Service and Training School</i>	Dorothy M. Tarbox, R.N.
<i>Administrative Assistants, In charge of Admitting Office</i>	Ruth M. Hutchinson, R.N. Walborg L. Peterson, R.N. Henrietta Olsen, R.N.

Heads of Departments

ACCOUNTING	Frances M. Hernan
DIETARY	Alberta Caton
HOUSEKEEPING	Alice Sidley
MAINTENANCE	Raymond V. Kinsman
MEDICAL RECORDS	E. Louise Seymour, R.R.L.
MEDICAL SOCIAL SERVICE	Eunice W. Wilson, B.S.
OCCUPATIONAL THERAPY	Linda F. Hall
OPTICAL SHOP	Albert E. Maver
PERSONNEL	Lois D. McCoy
PHARMACY	John Murphy
PUBLIC RELATIONS	Virginia Gerould
PURCHASING	Allen H. Mathewson
STORE	Lewis Webster

Service Pins Awards

20-29 YEARS

Hilda G. Blaisdell,
Assistant Superintendent of Nurses
James Connolly,
Chef
Annie M. Robertson,
Assistant to the Director
Dorothy M. Tarbox,
Superintendent of Nurses
Matilda May Wagner,
Purchasing Agent

10-19 YEARS

Anastious Georgakopoulos,
Wash Man
Blanche Jones,
Night Matron, Nurses' Residence
Raymond Kinsman,
Superintendent of Works

Department of Ophthalmology

Chief of Ophthalmology

Edwin B. Dunphy, M.D.

Consulting Chief of Ophthalmology

Frederick H. Verhoeff, M.D.

Surgeons in Ophthalmology

Benjamin Sachs, M.D.
Paul A. Chandler, M.D.
William P. Beetham, M.D.

Virgil G. Casten, M.D.
Trygve Gundersen, M.D.
Merrill J. King, M.D.

Associate Surgeons in Ophthalmology

Ralph H. Ruggles, M.D.

David G. Cogan, M.D.

Assistant Surgeons in Ophthalmology

Thomas Cavanaugh, M.D.
A. William Collinson, M.D.
Edward E. Covitz, M.D.
Hugh C. Donahue, M.D.
Mahlon T. Easton, M.D.
Herman P. Grossman, M.D.
Paul G. Haire, M.D.

Carl C. Johnson, M.D.
Brendan D. Leahey, M.D.
S. Forrest Martin, M.D.
Harry K. Messenger, M.D.
Earl S. Seale, M.D.
Albert E. Sloane, M.D.
H. Frederick Stephens, M.D.

Garrett L. Sullivan, M.D.

Senior Clinical Assistants in Ophthalmology

Harry E. Braconier, M.D.
Julian F. Chisholm, Jr., M.D.
Joseph M. Clough, M.D.
Linley C. Happ, M.D.
Sumner D. Liebman, M.D.
Joseph Lo-Presti, M.D.

Charles H. MacLaughlin, M.D.
Henry A. Mosher, M.D.
Abraham Pollen, M.D.
Karl Riemer, M.D.
Paul M. Runge, M.D.
Linus A. Sheehan, M.D.

Francis J. West, M.D.

Clinical Assistants in Ophthalmology

Thomas F. Capeles, M.D.
William F. Donoghue, M.D.
Lloyd J. Duest, M.D.

Arthur M. Morrissey, M.D.
Bertha Offenbach, M.D.
Daniel J. Reagan, M.D.

Residents in Ophthalmology

Henry F. Allen, M.D.
C. Gustave Bahn, M.D.
Lawrence B. Holt, M.D.
Alfred Kant, M.D.
Warren W. LaPierre, M.D.

Everett C. Moulton, M.D.
Richard B. Pippitt, M.D.
Mayo J. Poppen, M.D.
David H. Scott, M.D.
William L. Smith, M.D.

William Stone, Jr., M.D.

CONSULTING SURGEONS IN OPHTHALMOLOGY

Walter B. Lancaster, M.D.
Peter H. Thompson, M.D.
Samuel J. McDonald, M.D.
Hugo B. C. Riemer, M.D.

J. Herbert Waite, M.D.
Edmund W. Clap, M.D.
Samuel H. Wilkins, M.D.
Fred S. Thorne, M.D.

Department of Oto-Laryngology

Chief of Otology and Laryngology

LeRoy A. Schall, M.D.

Surgeons in Oto-Laryngology

Philip E. Meltzer, M.D.
Moses H. Lurie, M.D.
Gustave B. Fred, M.D.

Robert L. Goodale, M.D.
Francis L. Weille, M.D.
Philip Mysel, M.D.

Charles I. Johnson, M.D.

Surgeon for Bronchoscopy and Esophagoscopy

Lyman S. Richards, M.D.

Surgeon for Tumor Clinic

Carl H. Ernlund, M.D.

Associate Surgeons in Oto-Laryngology

Maurice G. Evans, M.D.
John R. Richardson, M.D.
Charles H. Allman, M.D.

Vincent J. Kelley, M.D.
Walter J. E. Carroll, M.D.
John R. Frazee, M.D.

Associate Surgeon for Plastic Operations

Edgar M. Holmes, M.D.

Assistant Surgeons in Oto-Laryngology

Elizabeth DeBlois, M.D.
Joshua C. Drooker, M.D.
Joseph Lentine, M.D.
Donald K. Lewis, M.D.

Burton E. Lovesey, M.D.
Werner Mueller, M.D.
Josiah E. Quincy, M.D.
Herman J. Sternstein, M.D.

Clinical Assistants in Oto-Laryngology

Calvin M. Cerrato, M.D.
David P. Cordray, M.D.
Kenneth Kazanjian, M.D.
George Kelemen, M.D.
Charles Kent, M.D.
Edward F. Lawlor, M.D.

Joseph P. McEneaney, M.D.
Daniel Miller, M.D.
Aram Roopenian, M.D.
Frank R. Shlossberg, M.D.
Rudolph E. Swenson, M.D.
Richard C. Webster, Jr., M.D.

Bernard Zonderman, M.D.

Clinical Assistant for Bronchoscopy and Esophagoscopy

Edward B. Benedict, M.D.

Residents in Oto-Laryngology

David W. Brewer, M.D.
Richard G. Goldcamp, M.D.
Horst J. Heinicke, M.D.
Albert K. T. Ho, M.D.

Charles S. Lane, M.D.
Roland Lavoie, M.D.
John E. McKeigue, M.D.
J. H. Tom Rambo, M.D.

James M. Sams, M.D.

CONSULTING SURGEONS IN OTO-LARYNGOLOGY

Frederick L. Jack, M.D.
Joseph L. Goodale, M.D.
D. Harold Walker, M.D.
Calvin B. Faunce, M.D.
Frederick E. Garland, M.D.
Frederick L. Bogan, M.D.

Harry A. Barnes, M.D.
Harris P. Mosher, M.D.
Leon E. White, M.D.
George H. Poirier, M.D.
Edwards Herman, M.D.
Varaztad H. Kazanjian, M.D.

Harold H. Tobey, M.D.

Anesthetist

Henry K. Beecher, M.D.

Assistant Anesthetist

John H. Tucci, M.D.

Roentgenologist

A. S. Macmillan, M.D.

Consulting Pathologist

Tracy B. Mallory, M.D.

CONSULTANTS

Consulting Physicians

James H. Means, M.D.
F. Dennette Adams, M.D.
Fuller Albright, M.D.
Joseph C. Aub, M.D.
Walter Bauer, M.D.
~~Archie V. Bock, M.D.~~
Chester M. Jones, M.D.
Donald S. King, M.D.
Wyman Richardson, M.D.
~~Paul D. White, M.D.~~
Myles P. Baker, M.D.
~~William W. Beckman, M.D.~~
Edward F. Bland, M.D.
Earle M. Chapman, M.D.
Greene Fitz-Hugh, M.D.
Maurice Fremont-Smith, M.D.
Francis T. Hunter, M.D.
Alfred Kranes, M.D.
Jacob Lerman, M.D.
Robert S. Palmer, M.D.
Helen S. Pittman, M.D.
~~Rulon W. Rawson, M.D.~~
Marion W. Ropes, M.D.
Charles L. Short, M.D.
DAVID D. RUTSTEIN, M.D.
CHESTER N. FRAZIER, M.D.
G. Marshall Crawford, M.D.
Jacob H. Swartz, M.D.
John Adams, Jr., M.D.

Charles S. Kubik, M.D.
Henry R. Viets, M.D.
G. Colket Caner, M.D.

Stanley Cobb, M.D.
~~Kenneth J. Tillotson, M.D.~~
Jacob E. Finnesinger, M.D.
Erich Lindemann, M.D.
L. Raymond Morrison, M.D.

Allan M. Butler, M.D.
Joseph Garland, M.D.
Arthur Bates Lyon, M.D.
Eli C. Romberg, M.D.
Richard C. Tefft, Jr., M.D.
Francis C. McDonald, M.D.

Dwight L. Siscoe, M.D.
Howard B. Sprague, M.D.
James H. Townsend, M.D.
Allen G. Brailey, M.D.
Walter S. Burrage, M.D.
John W. Cass, Jr., M.D.
Richard J. Clark, M.D.
Milton H. Clifford, M.D.
Briant L. Decker, M.D.
John H. Fay, M.D.
Reed Harwood, M.D.
William R. Hill, M.D.
Howard B. Jackson, M.D.
Bernard M. Jacobson, M.D.
Dana L. Farnsworth, M.D.
T. Duckett Jones, M.D.
Richard B. King, M.D.
Sylvester McGinn, M.D.
John P. Monks, M.D.
Milton J. Quinn, M.D.
George P. Sturgis, M.D.
Roy R. Wheeler, M.D.
Conger Williams, M.D.
John W. Zeller, M.D.
Paul C. M. ZAMEČNIK, M.D.

Consulting Dermatologists

WALTER F. LEVEY, M.D.

Consulting Neurologists

Robert S. Schwab, M.D.

Consulting Psychiatrists

~~Ethel M. Rockwood, M.D.~~
Mildred Ryan, M.D.
Maurice M. Tolman, M.D.
William R. Hill, Jr., M.D.

Madeline R. Brown, M.D.
Edwin M. Cole, M.D.
Augustus S. Rose, M.D.

Herbert Barry, Jr., M.D.
R. Barry Bigelow, M.D.
Vernon P. Williams, M.D.
Alfred O. Ludwig, M.D.
Lucie J. Jessner, M.D.

Consulting Pediatricians

Leo B. Burgin, M.D.
Ralph W. Daffinee, M.D.
Ralph A. Ross, M.D.
Nathan B. Talbot, M.D.
William J. Turtle, M.D.
Gertrud C. Reyersbach, M.D.

Consulting Surgeons

1 Edward D. Churchill, M.D.
 2 Leland S. McKittrick, M.D.
 3 Ernest M. Daland, M.D.
 4 Robert R. Linton, M.D.
 5 Horatio Rogers, M.D.
 13 Richard H. Wallace, M.D.
 14 Claude E. Welch, M.D.
 Franklin G. Balch, Jr., M.D.
 15 Bradford Cannon, M.D.
 16 Lamar Soutter, M.D.
 7 Oliver Cope, M.D.
 Langdon Parsons, M.D.
 6 Richard H. Sweet, M.D.

8 Grantley W. Taylor, M.D.
 11 Marshall K. Bartlett, M.D.
 10 Henry H. Faxon, M.D.
 9 E. Parker Hayden, M.D.
 17 Gordon A. Donaldson, M.D.
 18 Ward I. Gregg, M.D.
 19 Edward Hamlin, Jr., M.D.
 Francis D. Moore, M.D.
 12 Ira T. Nathanson, M.D.
 20 Fiorindo A. Simeone, M.D.
 21 Fred A. Simmons, Jr., M.D.
 22 Somers H. Sturgis, M.D.
 23 Richard Warren, M.D.

24 Howard Ulfelder, M.D.

Consulting Neurosurgeons

James C. White, M.D.

William H. Sweet, M.D.

~~Jost J. Michelsen, M.D.~~

Consulting Orthopedists

Joseph S. Barr, M.D.
 Armin Klein, M.D.
 William A. Rogers, M.D.
~~George W. Van Gorder, M.D.~~
 Edwin F. Cave, M.D.

Otto E. Aufranc, M.D.
 Robert J. Joplin, M.D.
 Carroll B. Larson, M.D.
 John A. Reidy, M.D.
 Paul L. Norton, M.D.

Consulting Urologists

Fletcher H. Colby, M.D.
 Richard Chute, M.D.

Howard I. Suby, M.D.

Sylvester B. Kelley, M.D.
 Wyland F. Leadbetter, Jr., M.D.

Consulting Pathologists

Tracy B. Mallory, M.D.
 Francis T. Hunter, M.D.
 Wyman Richardson, M.D.
 Charles S. Kubik, M.D.

Benjamin Castleman, M.D.
 Donald C. Sniffen, M.D.
 David G. Freiman, M.D.
 Austin L. Vickery, Jr., M.D.

Consulting Radiologists

Laurence L. Robbins, M.D.
 Milford D. Schulz, M.D.
 Stanley M. Wyman, M.D.

James J. McCort, M.D.
 Joseph Hanelin, M.D.
~~William Palazzo, M.D.~~

Consulting Endoscopist

Edward B. Benedict, M.D.

Consultant in Contagious Diseases

Edwin H. Place, M.D.

Consulting Bacteriologist

Louis Dienes, M.D.

Consultant in Preventive Medicine

John E. Gordon, M.D.

Consultant in Pharmacology

Otto Kraymer, M.D.

Out-Patient Department

Assistant Director — Joseph S. Lichty, M.D.

Supervisor — Margaret Meenan, R.N.

EYE CLINIC

Aniseikonic Section
Glaucoma Section
Orthoptic Section
Perimetry Room
Refraction Room

EAR, NOSE AND THROAT CLINIC

Hearing Test Room
Consultation: Tumor Clinic
Allergy Clinic
Plastic Clinic

Winthrop Foundation and Service for the Deaf

CLINICAL RESEARCH

REHABILITATION

Surgeon in Charge

Philip E. Meltzer, M.D.

Assistant Surgeon

Donald K. Lewis, M.D.

Executive Committee

D. Harold Walker, M.D., *Chairman*

LeRoy A. Schall, M.D.

Harold G. Tobey, M.D.

Moses H. Lurie, M.D.

Philip E. Meltzer, M.D.

Howe Laboratory of Ophthalmology

Director

David G. Cogan, M.D.

Staff

Henry F. Allen, M.D.

Albert S. Biegel, M.D.

Charles Dyson, M.D.

Arnold W. Forrest, M.D.

W. Morton Grant, M.D.

Charles L. Schepens, M.D.

Mary O. Amdur, Ph.D.

V. Everett Kinsey, Ph.D.

Elek J. Ludvigh, Ph.D.

The Boston Eye Bank — Serving New England

Executive Committee

Edwin B. Dunphy, M.D.

Henry Hixon Meyer

William S. Ballard

Executive Secretary: Mrs. Evelyn Chenoweth

Report for the Board of Managers

FEW people have any real conception of the hard financial road the hospitals have travelled since 1940; and many indicate a suspicion that the hospitals are making money and are no longer operating on a charitable basis. Every means and opportunity should be employed to combat these suspicions and to state the case for the hospitals.

Take for instance, the Infirmary. In 1941 the average patient day cost in the public wards including all ancillary charges except special nurses, was \$6.70. By 1947, it had increased to \$12.11. It was necessary to raise the rates for room and board in the public wards during the same period from \$4 to \$8 per day because the increase in investment income was small and the Community Fund was unable to make up the enormous deficit which would have resulted from a maintenance of the 1940 rates. Actually every public ward patient throughout the period paid less than cost and the Infirmary gave additional allowances, often amounting to complete remission of charges, to every person who entered its doors and was unable to pay the established rates.

In 1941 reductions to patients amounted to almost \$95,000 and in 1947 to more than \$150,000. Last year, the Community Fund paid for only one-fifth of this free care. The rest was defrayed by funds given to the Infirmary in the past by countless benefactors. I wish there was some way in which I could translate into words for all of those good people the joy and thanks I have seen written on so many faces at the Infirmary, particularly on those of the little children and their parents. I hope that everyone who reads this report will memorize the simple figures I have given and will take every opportunity to refute the false impressions that are so prevalent today.

During 1947 two important changes were made in the corporate organization of the Infirmary. The By-laws were amended so as to permit the election of additional members of the corporation. Since

its incorporation in 1827 the members of the corporation had consisted of the persons constituting the Board of Managers. As this report goes to press nine new members of the corporation have been elected: His Excellency, Robert F. Bradford, The Honorable, Leverett Saltonstall, Dr. Frederick H. Verhoeff, Dr. Walter B. Lancaster, Dr. Harris P. Mosher, Dr. D. Harold Walker, Rev. Robert G. Metters, Mrs. John Wells Farley and Mr. William S. Ballard. Their counsel and support will be of great benefit to the Infirmary. Further additions to the corporate membership are contemplated and it is my hope that all walks of life and geographical areas served by the Infirmary will be represented.

The Rules of the Managers were also amended to permit the President to assign managers as visitors to departments of the Infirmary specified by him. By that procedure it is expected that each department will be represented on the Board of Managers who has obtained a comprehensive knowledge of the functions and problems of the department to which he has been assigned.

Late last summer the Managers decided that the construction of a new wing at this time was impractical because of the tremendous expense it would entail. Instead the Managers voted to rearrange and remodel the existing structure and to add thereto a fifth floor for the accommodation of private patients. The cost will approximate one-third the cost of a new wing and the additional facilities will go far to meet pressing requirements. The new construction is so designed that none of it need be demolished if a wing is added later. We hope to begin the work this year.

Every member of the big family which comprises the Infirmary staff deserves the commendation of the whole community for their efforts this past year. On behalf of the Managers I thank them.

HENRY HIXON MEYER

President, Board of Managers

Report of the Treasurer

IN my report of a year ago I outlined the sources from which the income of the Infirmary is derived, namely, from patients, from investment income, and from contributions from public and private sources. I stressed the fact that, with one exception, the Infirmary had drawn on capital funds to meet deficits in each year since 1939.

The year 1947 again resulted in an overall deficit of \$41,329.00. This deficit was caused by extraordinary expenses rather than by direct operating losses. Such expenses represented the minimum amount of renovations and deferred maintenance which the Board of Managers felt must be undertaken to meet present-day requirements and obligations to the community which we serve.

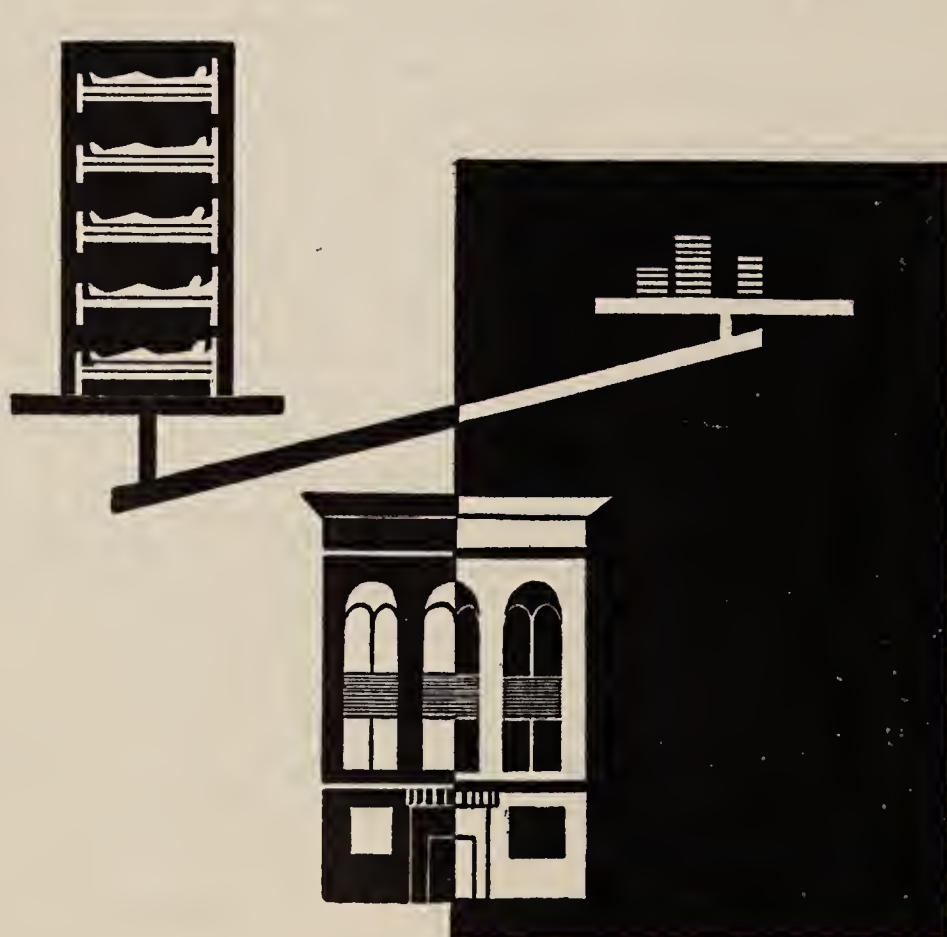
The pressure of rising expenses and increased demands for service without corresponding increases in income is a problem common to many hospitals.

Somehow the gap must be closed so that capital funds can remain intact.

This year the Infirmary has undertaken to raise its Emergency Building Fund in order to provide additional facilities and extensive modernization of its operating rooms and equipment. This is the first general appeal for funds since 1927. Only through a generous response to our needs can we continue to give complete and expert medical care in our special fields of service.

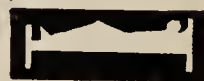
Condensed statements of the assets and liabilities of the Infirmary and of its 1947 income and expenses, as prepared by our auditors, Messrs. Patterson, Teele & Dennis, are submitted herewith together with an analysis of the investments as of December 31, 1947, prepared by the Treasurer.

HORACE W. FROST, *Treasurer*



Most town and city welfare boards pay only \$6.00 per day for the patients they send to the Infirmary for ward care.

The Industrial Accident Board, for example, pays only \$6.00 plus certain extras for ward patients when the ward rate is \$8.00 plus extras.



In 1947, the Infirmary gave 6,000 patient days care to these welfare cases from responsible federal, state and local agencies—at a loss of \$12,000!

Gifts and Bequests for 1947

THE Massachusetts Eye and Ear Infirmary is grateful for all gifts, large and small. We appreciate the thoughtful friends who send glasses no longer used . . . the group of faithful workers who make eye band-ages . . . the many contributors, from the patient who leaves a few dollars for the Free Bed Fund . . . to the loyal supporters who give generously year after year.

Because of space limitations, only financial gifts of \$50 and over, given during the year 1947, will be listed in this Annual Report.

American Cancer Society, Massachusetts Division			
Cancer of Larynx Research	\$ 500.00	Joseph Puccia	50.00
Cancer movie fund	1,500.00	Grand Lodge of Mass. Sons of Italy	100.00
Esophageal Voice Class	1,875.00	Salvatore DeFazio	50.00
Ginger Ale Fund	100.00	Louis Vassalotti	100.00
Social Service	750.00	Moretti Family	50.00
Bathrobes for Patients		Louis Caporale	100.00
Mrs. Richard Cary Curtis	150.00	Antonio Farina	100.00
Boston Eye Bank		Parenti Sisters	100.00
Elizabeth Chapman	100.00	Emanuel Indresano—Reliance Club	100.00
Dr. Brendan Leahey	500.00	Dr. Arthur I. Shain	100.00
46 Other gifts	179.00	Joseph Lombardo	100.00
Total	779.00	Charles L. Raffi	50.00
Christmas Fund		Joseph Borgatti	50.00
Lotta B. Crabtree Fund	100.00	Dini's, Inc.	100.00
Dean Foundation for Destitute Children Fund	500.00	260 Other gifts	2,426.90
Lucy H. Eaton Estate	2,055.59	Total	5,281.90
Eye Pathology Fund		John and Martha Lawrence Fund	
Farnsworth G. Marshall	250.00	Ladies' Visiting Committee	1,025.00
Thomas E. Ward	500.00	Mosher Laboratory Fund	
Total	750.00	Godfrey M. Hyams Trust	2,500.00
Free Bed Fund		Otosclerosis Fund	
Dr. John W. Cummin	200.00	Mr. and Mrs. William Matthie	100.00
Helen Steel Jones	200.00	Permanent Charity Fund	
Mass. Charitable Fire Society	50.00	General Fund	1,500.00
Frances D. Robbins	100.00	Social Service	750.00
Dr. Goodale Patients Fund		Pre-School Blind Children Fund	
Anonymous	150.00	Godfrey M. Hyams Trust	4,000.00
Albert E. Haines Estate	17.83	Research Pathological Laboratory Fund	
Italian Memorial Fund		Mr. Berk	126.25
Women's Italian Club of Boston	50.00	Foundation for Vision	14,000.00
Amalgamated Clothing Workers of America	200.00	Social Service	
Women's Italian Club of Boston	100.00	Foster Home Care—Janice Anderson	240.00
Loggia Fiore D'Italia	55.00	Elizabeth R. Stevens Estate	346.00
Societa Santo of Castelmedoro	50.00	Theodore Terry Memorial Fund	
Pieroni, Inc.	100.00	Mr. and Mrs. Alfred N. Sach	250.00
John Marinoni	100.00	Nelson Weeks Fund	750.00
Alfred Scaramelli	100.00	Dr. Weille Fund	
Angelo Cataldo	500.00	Anonymous	1,000.00
Michael J. Porcella	100.00	William S. Eaton	3,700.00
Harry J. Stabile	100.00	Amelia Peabody	5,001.76
John Iafolla Construction Co.	50.00	Anonymous	937.28
D. M. Bernardi, Inc.	100.00	Total	10,639.04
Societa San Michele Femminile	100.00	Estate of Porter W. Whitmarsh	86,472.66

Income Account

FOR THE YEAR ENDED DECEMBER 31, 1947

HOSPITAL INCOME AS PER DIRECTOR'S REPORT		\$662,751.69
Less: Hospital operating expenses as per Director's report (including provision of \$4,500.00 for deferred maintenance)	\$844,206.30	
Hospital operating expenses charged directly against Permanent Funds	32,426.63	
	<u>876,632.93</u>	
Deduct: Hospital operating expenses chargeable against Permanent Funds		
Income	\$ 9,178.51	
Principal	23,248.12	
	<u>32,426.63</u>	
NET HOSPITAL EXPENSES		\$844,206.30
EXCESS OF HOSPITAL EXPENSES OVER INCOME		<u>\$181,454.61</u>
Income from investment securities, less income applicable to Restricted Funds not expended	\$ 97,590.44	
Receipts from Greater Boston Community Fund, Committee of the Permanent Charity Fund, Inc., Estates of Elisha V. Ashton, Albert N. Blodgett, G. Gorham Peters, and Helen O. Storrow, and contributions for general purposes (excluding contributions for special purposes)	46,340.40	
Transfer from Permanent Funds — Unexpended income	2,315.01	
	<u>146,245.85</u>	
Less: Treasurer's disbursements	6,121.22	140,124.63
EXCESS OF EXPENDITURES OVER INCOME ON INCOME ACCOUNT		<u>\$41,329.98</u>

OPERATING ANALYSIS

	1947	1946
Income from patients	\$785,463.77	\$629,213.26
Income from other sources	33,771.32	19,786.80
TOTAL GROSS HOSPITAL INCOME	<u>\$819,235.09</u>	<u>\$649,000.06</u>
Allowances to patients for free care	\$105,867.90	\$90,095.82
Further deductions for bad debts	18,282.37	9,971.35
Allowances to Blue Cross and other agencies	32,333.13	
TOTAL FREE SERVICE	<u>\$156,483.40</u>	<u>\$100,067.17</u>
NET INCOME	<u>\$662,751.69</u>	<u>\$548,932.89</u>
Salaries and wages	\$431,583.13	\$362,435.14
Supplies and expenses	222,891.45	180,566.19
Out-Patient Department expenses	142,676.38	127,315.94
TOTAL OPERATING EXPENSES	<u>\$797,150.96</u>	<u>\$670,317.27</u>
Hospital operating deficit	\$134,399.27	\$121,384.38
Extraordinary expenses	42,555.34	9,185.00
TOTAL HOSPITAL DEFICIT	<u>\$176,954.61</u>	<u>\$130,569.38</u>

Balance Sheet

DECEMBER 31, 1947

ASSETS:

Land and buildings, book value		\$ 491,741.99
Investments, book value:		
Securities	\$2,326,866.87	
Interest in parcel of real estate	1.00	2,326,867.87
Cash on hand:		
Capital	\$ 193,114.92	
Income	10,338.04	203,452.96
Accounts receivable:		
Patients (less reserve)	\$ 40,770.34	
Miscellaneous	12,147.71	
Advances to Special Purpose Funds from General Fund	69.63	52,987.68
Inventory of supplies, etc.		14,283.21
TOTAL ASSETS		\$3,089,333.71

FUNDS AND LIABILITIES:

Advances from patients	\$ 785.30
Accounts payable and accruals	33,464.10
Reserve for Deferred Maintenance	4,500.00
General Fund	1,634,150.18
Permanent Funds — Income restricted	451,901.15
Permanent Funds — Income unrestricted	916,532.00
Special Purpose Funds	37,662.94
Unexpended Restricted Income of Permanent Funds	10,338.04
TOTAL FUNDS AND LIABILITIES	\$3,005,957.04

Summary of Investments

AS OF DECEMBER 31, 1947

BONDS	Book Value	Market Value	% Market Value
U. S. Government	\$ 433,570.00	\$425,530.00	16.8%
Canadian	19,172.00	20,800.00	0.8%
Railroad	327,593.00	297,625.00	11.8%
Public Utility	90,829.00	89,800.00	3.5%
Industrial	81,931.00	77,380.00	3.1%
Total Bonds	\$ 953,095.00	\$ 911,135.00	36.0%
PREFERRED STOCKS	\$ 155,509.00	\$ 157,000.00	6.2%
COMMON STOCKS			
Railroad	\$ 122,577.00	\$ 126,500.00	5.0%
Public Utility	233,946.00	227,683.00	9.0%
Industrial	515,279.00	636,382.00	25.1%
Bank, Insurance and Miscellaneous	245,943.00	234,514.00	9.2%
	\$1,117,745.00	\$1,225,079.00	48.3%
WINTHROP FUND (Securities and Cash)	\$ 89,778.00	\$ 79,766.00	3.1%
OTHER FUNDS	\$ 15,561.00	\$ 15,015.00	0.6%
CASH — GENERAL FUND	\$ 146,201.00	\$ 146,201.00	5.8%
	\$2,477,889.00	\$2,534,196.00	100.0%

The Ladies Visiting Committee

DURING the past year we have divided our Committee into two classes of membership, Active and Inactive. It was felt that a great many of our members who were interested in the Infirmary could not come to the meetings but did not wish to lose touch with the hospital. This new arrangement has proved most satisfactory as it leaves a nucleus of Active Members who can be counted on to carry on the work. The Inactive Members are always welcome to come to the meetings, of course, and do so when they can. We have also taken in eight new Active Members during the year.

At the May meeting, Dr. Beetham gave a most interesting talk on "Present Eye Investigation in Regard to Diabetes", and in October, Dr. Faxon and Mr. Porter from the Board of Managers, told us of the building campaign being planned for the Infirmary. Mr. Hill then took us over the hospital to show us what improvements had already been made, after which we all had a pleasant luncheon in the cafeteria.

Our most important project for the year has been the redecorating of the sitting-room in the Nurses' Residence, for which we have spent over \$600. The walls and ceiling have been painted, the chairs and sofas recovered and new curtains made for the windows. A coffee table was donated by Mrs. Foster and new lamp shades and pictures were added. We are grateful to our Nurses' Residence Committee

who spent a great deal of time and effort on this project and the results are most pleasing to us all.

Our regular activities have been carried on as usual. We have given three new radios for the Wards and two automatic electric toasters for the Ward kitchens. Flowers have been supplied for the Front Desk, and magazines and papers for the Nurses' Residence. Two smoking stands were bought for the smoking rooms on each floor of the hospital and Mrs. Curtis gave 52 bedside chairs for the Wards, chairs that are not only useful but attractive and comfortable as well.

As usual, we gave \$250 for supplies for the Occupational Therapy Department and \$150 for the Christmas observance at the Infirmary, spent this year for a large tree for the yard, 12 artificial trees for the Wards, wreaths for the doors and presents for the patients in the wards as well as the children in the Nursery, who were in the Infirmary on Christmas Day.

Mrs. Gordon White is our new Chairman for the Rummage Sale in 1948, and she is already making plans for a bigger and better sale than ever before, with such special features as a special table for new articles.

HELEN M. SARGENT

Chairman, Ladies Visiting Committee

Events of the Year

JANUARY — New fenestration operating room opened. Ward rates to \$6.50, out-patient visits to \$1.50.

FEBRUARY — Increased personnel on Front Desk, relieving nurse coverage Sundays and holidays.

MARCH — Eye Ward, 2nd floor remodelled.

APRIL — Cafeteria closed over week-ends to cut down deficit.

MAY — Construction of clean utility room, 2nd floor.

JUNE — Corporation enlarged. Construction clean utility room, 3rd floor.

JULY — Dr. Parker Heath appointed as Eye Pathologist. Private duty nurses' wages to \$8 per

day. Rates increased, ward \$8, semi-private \$10, private room \$12.

AUGUST — Construction of clean utility room, 4th floor. New oil heater installed at Nurses' Residence.

SEPTEMBER — Managers voted for Emergency Building Campaign. New X-ray machine authorized.

OCTOBER — Humidifying rooms equipped with new drainage system.

NOVEMBER — New Ear, Nose and Throat Clinic opened in William Storer Eaton Room.

DECEMBER — Eye Bank acted as clearing house for five corneal transplant operations.

Report of the Director

TO THE MANAGERS:

The outstanding achievement for 1947 was the decision of the Managers to proceed with the remodeling of the second and third floors of the Fruit Street wing to provide suitable operating suites and by adding another story to the present building, to increase accommodations for private patients.

It is proposed to raise the necessary funds for these changes during 1948. This offers an opportunity for the people of New England to show their appreciation of what the Massachusetts Eye and Ear Infirmary means to them. Upon their support depends the future of this hospital, an institution known and respected throughout the world. Without it, future Ophthalmologists and Oto-Laryngologists cannot be trained. Without it, research into the cause, cure and prevention of diseases affecting the eye, ear, nose and throat

cannot be carried on. Without adequately trained doctors, proper care cannot be given to those afflicted with blindness or deafness. Without research, progress cannot be made.

During 1948, thanks to Dr. LeRoy A. Schall, funds were obtained which allowed the remodelling of the Out-Patient Clinic, whereby separate examining rooms for Ear, Nose and Throat patients were provided. We can now be proud of our Out-Patient Clinic.

Especial mention should be made of the interest of Mrs. Sargent and Mrs. Farley of the Ladies Visiting Committee. They have given freely of their time, have studied the needs of the Infirmary and have made many helpful recommendations.

NATHANIEL W. FAXON, M.D.

Director

Report of the Assistant Director

In looking back on the year 1947 it can be said without hesitation that it was one of unusual progress for the Infirmary.

While the most outstanding development was the decision to proceed with the construction of the two operating room suites, the fifth floor to hold 27 private rooms, and the complete reconstruction of the fourth floor into semi-private rooms and a nursery, much was actually accomplished during the year in the postwar program to modernize the hospital.

Statistics show that more private patients were cared for than ever before and that emergency admissions continued their rapid rise of recent years.

Research was furthered by an arrangement through which the Infirmary, for the first time, will contribute to the financial support of the Howe Laboratory.

Teaching expanded through the acquisition of Dr. Parker Heath who came to us in July to direct the work of the Eye Pathology Laboratory.

The ear clinic and the nose and throat clinics of the Out-Patient Department were consolidated and moved into new quarters.

It is gratifying to thus summarize these accomplishments at the end of the twelve months period,

for at times during the year it seemed as if little progress was being made as a result of the uncertainties and frustrations of an inflationary post-war period.

NEW CONSTRUCTION

As a hospital specializing in the treatment of diseases and injuries of the eye, ear, nose and throat, the Infirmary draws patients not only from Boston and its surrounding communities but from all parts of New England. The Infirmary's drawing asset is the excellence of the men on its Staff who are responsible for the care of these patients. It is because of these men, the research and teaching they do that the medical profession looks to the Infirmary for leadership in Ophthalmology and Oto-Laryngology.

This Staff, of whom we are justly proud, has carried on its work during recent years under one great handicap; namely the lack of enough private and semi-private beds to care for all the patients requiring admission. This has resulted at times in a waiting list of over 300.

It was, therefore, a great step forward when, on September 10th, the Board of Managers voted to undertake the construction which would eliminate this deficiency by substantially increasing these accommodations.

After nearly two years of study, the plans are virtually completed. These consist of a fifth floor on the present building to contain 27 single rooms, each with a toilet, hand-basin, and ample closet space. Four of these rooms are located at the end of corridors and are particularly large and attractive. The penthouse construction will be carried out with light materials, making full use of the new products developed during the war. Service rooms will include not only the usual kitchen, bathrooms, conference rooms, but two entirely separate utility rooms. This will be in line with a policy instituted recently to avoid any possibility of cross infection which might result from eye and ear, nose and throat equipment in this area. There will also be a sun deck overlooking the river for the use of ambulatory patients.

The operating rooms, which are now in three widely separated parts of the hospital, will be consolidated into four eye operating rooms in the wing of the second floor and four ear, nose and throat operating rooms on the third floor. The bedrooms now off the wards on these floors are to be incorporated into the operating room suites as service rooms.

The nursery will be moved to the wing on the fourth floor, and the semi-private accommodations on this floor will be re-designed into four-bed rooms. On the second floor twelve ward ear, nose and throat beds will be added in the space now occupied by the old eye operating room.

These changes will greatly improve the ratio between ward and private beds so badly needed:

	NOW	AS PLANNED
Nursery	30	20
Ward - Male	56	50
Ward - Female	43	47
Isolation	18	18
Semi-Private	30	38
Private	13	27
	43	65
	190	200

RENOVATIONS

As has been said, the program started in 1945 to modernize the hospital progressed materially during the year, as shown by the following list of improvements:

Construction of new combined ear, nose and throat out-patient clinic.

Complete renovation of 24 bed eye ward.

Construction of three additional utility rooms off the wards.

Construction of an eye-examining room off the wards.

Change from DC to AC electric current.

Installation of two new heating boilers in the Nurses' Residence.

Purchase of a new X-Ray machine.

Installation of dishwashing equipment and counters in the ward kitchens.

Contract let to modernize the freight elevator.

Authorization to change the passenger elevator to push button control.

With the exception of the AC wiring, the construction work was all done by Mr. Kinsman and his maintenance men. This resulted in a substantial saving to the Infirmary and is an excellent example of the economies in operation made possible by our close association with the Massachusetts General Hospital.

When these renovations are completed, the elimination of old equipment and the acquisition of service rooms will be appreciated by patients, Staff and employees alike.

Another improvement which I would like to call particular attention to is the installation of sloping floors and drains in the two humidifying rooms in the isolation ward. These new floors have greatly relieved the difficulties of the nursing problem caused by the excessive accumulation of water deposited by the moist atmosphere.

These rooms in which humidity can be controlled up to the saturation point have been used with amazing success in treating children with tracheo bronchitis and other respiratory difficulties. It is interesting that other hospitals are contemplating construction of similar rooms. In the past several months, representatives from five of these hospitals have come to the Infirmary to inspect our equipment and, we hope, benefit by our experience.

The cost of these renovations was considered an extraordinary expense over and above the operating expense of the hospital and amounted to \$37,200.

FINANCES

In contrast to the satisfaction of seeing the improvement in the physical plant of the Infirmary, we find 1947 was a year in which spiralling costs plagued us again. Expenses continued to rise at a rapid rate. Wages were \$77,000 and supplies \$49,500 higher than in 1946. As shown below, every effort was made to increase rates to keep pace with these rising costs:

	Dec. 1946	Jan. 1947	July 1947	Jan. 1948
Private Rooms	\$10.00		\$12.00	
Semi-Private Rooms	8.00		10.00	
Wards	6.00	6.50	8.00	
O. P. D.	1.00	1.50		2.00

In spite of these increases, the operating deficit, after income from endowment funds and Community Fund, was \$4,100.00. The total deficit including extraordinary expense was \$41,300.00.

During the year a serious attempt was made to reduce costs. We were fortunate in being able to retain Mr. Gray, a former accountant at the Infirmary, for a period of three months during the summer. He spent this time reviewing every expense account with the express purpose of instituting economy in operation. As a result of his efforts, and with the cooperation of the nursing and housekeeping departments, we were able to reduce laundry poundage approximately 250 pounds a day; the telephone bill by fourteen percent a month; and many other less obvious savings. In addition, specific recommendations were made to avoid loss of food, silver and small linen items like hand-towels. It is difficult to put a dollar value on these economies, but it may be fairly said that the total was several times Mr. Gray's salary. Unfortunately such savings are small in comparison with the total deficit.

Allowances to patients and also to federal and state agencies increased substantially in 1947. This was to be expected with the hospital charging higher rates; nevertheless it emphasizes the fact that the Public Welfare Departments of the state, cities and towns fail to pay the full cost of patient care. Most cities and towns pay only \$6.00 per day compared with the hospital cost for ward service of \$12.11 per day. The Industrial Accident Board pays only \$6.00 plus certain extras leaving over \$3.00 unpaid. During the year, there were 6,000 patients days from these and other responsible agencies which cost the Infirmary \$12,000.

I hope during the coming year that efforts already being made to change the laws governing these payments will prove successful. It does not seem entirely logical for voluntary hospitals with their endowment funds to subsidize a substantial part of the cost of agency cases: especially so, when voluntary hospitals are already contributing indirectly by giving free service to patients who otherwise might become the responsibility of the state.

BLUE CROSS

The Massachusetts Hospital Service or Blue Cross started in 1937 and grew rapidly until there are now approximately two million subscribers in this state. A non-profit organization, it offers prepayment insurance to subscribers as protection against the cost of future hospitalization. Over a period of years this insurance has been of great value both to the subscribers and the hospitals. In a period of rising hospital rates however, Blue Cross, in its contract, has a waiting time of eight months in which it pays the hospital the old rates. During this lag period, the hospital loses on Blue Cross patients compared to non-Blue Cross patients. From January to June, 1947 this loss to the Infirmary was \$13,000.

In June we entered into a new contract with the Blue Cross in which it paid full hospital charges based on a per diem rate. After this went into effect, it was not long before it became apparent that Blue Cross was taking substantial losses as a result of increased hospitalization and the more liberal benefits of the new contract. To protect themselves, they were forced to resort to the 10% deduction from hospital payments allowed by the contract until such time as a reorganization could be accomplished. The Blue Cross states it is their definite intention to pay back these deductions to hospitals as soon as their reserves will permit. In the meantime, however, this caused a reduction in the Infirmary income of \$8,200. As the year closed a new agreement with Blue Cross, which would eliminate these difficulties, was nearing completion.

In conclusion, if we add together not only the allowances to Public Welfare Departments, the Industrial Accident Board and other responsible agencies, but also the loss on Blue Cross, the total would be \$33,200. This figure is considerably larger than our operating deficit of \$4,100.00 and not far from our total deficit of \$41,300.00 which includes extraordinary expense.

EMERGENCY WARD

Emergency Ward admissions have been increasing and reached the substantial figure of 5,464 during the past twelve months. I hope this is the result of the efforts which have been made in the past to expedite the treatment of these patients who come to our Front Door for assistance. 5,464 visits a year is an average of approximately fifteen patients a day. They come for various reasons. The majority are unfortunate enough to get something in their eye, while others are harassed mothers with children who have swallowed buttons, coins, open safety pins, and a variety of other subjects. All are anxious and want immediate relief.

To give these people prompt treatment, twenty-four hours a day has been a problem. I think we have partially solved it, however, by increasing the personnel at the Front Desk so that two are on duty during the busy parts of the day. This has the added advantage of enabling us to release graduate nurses, who previously covered the desk at certain hours, for more important duties.

NEEDS OF THE HOSPITAL

One of the most pressing needs of the Infirmary is the re-arrangement of the Admitting Office into small rooms to insure privacy when interviewing patients. A characteristic of an eye, ear, nose and throat hospital is the rapid turnover of these patients. The average stay is approximately seven days as compared with ten to fourteen in a general

hospital. This adds an unusual burden to the already complicated and responsible duties of the Admitting Officers. Great credit is due Miss Hutchinson, Miss Peterson, Miss Olsen and Miss McKay for handling admissions and discharges which often reach a total of fifty in one eight-hour period. Until the necessary privacy can be arranged, they will be working under a severe handicap.

In conclusion, may I suggest that you refer to the interesting and detailed reports of the department heads who were responsible for the operation of the hospital during the past year.

FRANCIS S. HILL,
Assistant Director

X-Ray Department

Thymus	589
Mastoids	1,110
Sinuses	2,352
Teeth	186
Foreign Body, eye	209
Chest	1,119
Esophagus	222
Skull	168
Jaws	46
Nose	86
Treatments	371
Lipiodol injections	24
Petrous	42
Long Bones	29
Optic Canals	25
Miscellaneous	225
Abdomen	19
Lateral Neck	379
<hr/>	
Number of examinations	7,201
Number of patients	6,415
 <i>Bouginae</i>	
Number of treatments	350
Number of patients	70
 TOTAL	 7,551
TOTAL NUMBER OF PATIENTS FOR YEAR	6,485

A. S. MACMILLAN,
Roentgenologist

Department of Oto-Laryngology

THE Department of Oto-Laryngology has during the past year, enjoyed a full staff, both resident and active, as all members who were in the military services are back in civilian life. The resident staff has been carefully picked from many applicants desirous of securing their training as oto-laryngologists at the Infirmary. From a low — due to the emergency of a twelve months training, we have reached our ideal of 27 months service, which, along with resident instruction in the basic sciences, qualifies our residents for the examinations of the American Board of Oto-Laryngology. The record of the Massachusetts Eye and Ear residents before the American Board continues to be gratifying and commendable.

Many factors go to make up the spirit of the Infirmary: loyalty, hard work, sacrifice, scientific inquiry all for the welfare of the patient, have so characterized the Staff of the Infirmary that in the oto-laryngological world it stands apart and is the envy of similar institutions.

The outstanding change in the past year has been the remodeling and consolidation of the Ear, Nose and Throat Clinics. As their continued separation was a relic of the development of the specialties of Otology and Laryngology, the consolidation has been long overdue. The two specialties are inseparable, except for the surgical training of residents; and we are no longer ashamed of our physical plant and equipment.

In May 1940 through the generosity of Mr. Frederic Winthrop, we were able to start, in a moderate way, a better service for the hard of hearing. This program now firmly established as "The Frederic Winthrop Foundation" and "The Clinic for the Deaf", is performing an outstanding service, not only in the medical and surgical problems of the hard of hearing, but in the rehabilitation of the hard of hearing. Under the guidance of Dr. Philip E. Meltzer, reliable scientific truths are being established and much research work done on the problems of the deaf.

Dr. Moses H. Lurie continues his studies on the temporal bone and the organ of hearing. His most recent study is the degenerating changes of the Organ of Corti in the congenital deaf Dalmatian

and Collie dog. His present work is a study of the toxic effect of streptomycin on the end organ of hearing.

Dr. David E. Brewer and Dr. Tom Rambo of the resident staff have completed a study of Epiglottitis due to the influenza H. bacillus and their paper has been accepted for publication by the Annals. Dr. Rambo will present by invitation before the American Otological Society, his work on the electro desiccation of the membranous labyrinth of the Rhesus monkey. His work supplements experimentally that of Dr. Kenneth Day, an oto-laryngological graduate in 1924, on the surgical treatments of Meniere's Symptom Complex.

TEACHING

The Wednesday clinical meetings are as well attended as usual. The Mosher Laboratory is hard pressed to accommodate those desirous of attending, many of whom come regularly from many miles away. An attendance such as we have of from 60 to 75 greatly taxes the capacity of the room and an auditorium is badly needed.

Dr. Werner Mueller, who has taken on the responsibility of the post graduate teaching at the Medical School, continues to be a great help in the teaching of the residents. The members of the staff rotate in giving lectures to residents from 5 to 6 P.M., and then Dr. Mueller teaches from 7 to 10 every Monday night. Friday nights are spent at the Department of Oto-Laryngology at the Harvard Medical School.

The Staff continues to be in demand as guest speakers before scientific medical meetings. The bibliography lists the numerous papers presented by the various members of the Staff.

Official recognition has also been received. Dr. Philip E. Meltzer was elected a Director of the American Board of Oto-Laryngology and Dr. Lyman G. Richards, President, American Rhinological, Otological and Laryngological Society, Inc., and Dr. Schall, an Honorary Member, Faculty of the Medical School, University of Chile.

LEROY A. SCHALL, M.D.

Chief of Otology and Laryngology

Comparative Statistics

	1947	1946
Patient days care—Wards	33,737	36,216
Private	14,412	13,987
TOTAL PATIENT DAYS CARE	48,149	50,203
Average number of patients treated daily—Wards	92	99
Private	39	38
TOTAL AVERAGE NUMBER PATIENTS TREATED DAILY	131	137
Average number of days patients remained—Wards....	8+	9
Private ..	5+	6+
Beds available and percent of occupancy—Wards	122 67%	139 64%
Isolation	18 55%	18 54%
Private	50 80%	44 87%
TOTAL BEDS AVAILABLE	190	201
Per capita cost per day—Wards, routine care	\$ 9.08	\$7.05
Wards, special services	3.03	2.68
TOTAL COST PER DAY PER WARD PATIENT	\$12.11	\$9.73
Per capita cost per day—Private, routine care	\$ 8.07	\$7.12
Private, special services	2.39	1.77
TOTAL COST PER DAY PER PRIVATE PATIENT	\$10.46	\$8.89
CONDITION OF WARD PATIENTS ON DISCHARGE:		
Died	19	11
Autopsies	52%	63%
Against advice	16	9
Discharged	3,789	4,025
WARD PATIENTS' DAYS TREATMENT:		
Reckoned from discharge payments:		
Paying patients	23,292 69%	24,528 75%
Part paying patients	4,066 13%	4,121 12%
Free patients	5,962 18%	5,971 13%
Percentage of free care*—House	10%	9%
Out-Patient	23%	19%
TOTAL FREE CARE*	13%	14%

*Compiled on dollar value, not including Blue Cross.

Comparative Statistics

HOSPITAL

	1947	1946
Ward patients—Eye cases	1,877	1,874
Ear cases	411	337
Nose and Throat cases	1,636	1,833
	<hr/>	<hr/>
NUMBER OF PATIENTS ADMITTED TO WARDS	3,924	4,044
Private patients—Eye cases	1,252	1,206
Ear cases	134	115
Nose and Throat cases	1,049	1,007
	<hr/>	<hr/>
NUMBER OF PRIVATE PATIENTS	2,435	2,329
TOTAL PATIENTS ADMITTED	6,359	6,372
Operations, ward patients—Eye cases	2,015	1,928
Ear, Nose and Throat	2,083	2,044
Operations, private patients—Eye cases	1,055	1,034
Ear, Nose and Throat	806	799
	<hr/>	<hr/>
TOTAL NUMBER OF OPERATIONS	5,959	5,805

OUT-PATIENT DEPARTMENT

Out-Patient—Eye Clinic—new patients	5,474	
Ear, Nose and Throat Clinic—new patients	3,711	
	<hr/>	
TOTAL OUT-PATIENT NEW PATIENTS	9,185	
Out-Patient—Eye Clinic—revisits	39,079	
Ear, Nose and Throat Clinic—revisits	24,681	
	<hr/>	
TOTAL OUT-PATIENT REVISITS	63,760	
Out-Patient—Eye Clinic visits	44,553	42,399
Ear, Nose and Throat Clinic visits	28,392	30,171
	<hr/>	<hr/>
TOTAL OUT-PATIENT CLINICAL VISITS	72,945	72,570
Out-Patient, Operations—Eye cases	758	766
Ear, Nose and Throat cases	517	636
	<hr/>	<hr/>
TOTAL OUT-PATIENT OPERATIONS	1,275	1,402
Emergency patients admitted to hospital	350	364
PATIENTS ADMITTED TO EMERGENCY WARD	4,975	4,662

The Department of Ophthalmology

THE past year, like its predecessor, was largely spent getting back to normal from the dislocations produced by the War.

The demand for resident training continues to be very great. After making a special effort to train eleven ophthalmic residents last year, we now have settled down to nine as the permanent number for the future. The old externship has been abolished and each resident will receive 27 months training. In addition to this, he will be given a regular place in the five months Basic Science Course in Ophthalmology at the Harvard Medical School before beginning his residency. Thus each man will have had, upon graduation, 32 months in basic and clinical ophthalmology.

The Harvard Basic Science Course in Ophthalmology continues to be very popular. Another group of thirty doctors have taken this five months period of study to prepare themselves for residency training. A part of this Course is given at the Infirmary and the instructors are practically all members of the Infirmary Staff.

PATHOLOGY DEPARTMENT REORGANIZED

The Pathology Laboratory is now under the able direction of Dr. Parker Heath, formerly of Detroit, who came here to fill the position of pathologist made vacant by Dr. Terry's death in 1946. Dr. Heath has reorganized the Pathology Department and has contributed greatly to the House Officers' instructional program. Each resident now spends three months in the Laboratory participating in the routine work and doing special problems assigned to him by Dr. Heath. During the year, 428 specimens were received in the pathology laboratory. Outside hospitals sent 101 specimens for diagnosis.

The study of retrolental fibroplasia, begun by Dr. Terry several years ago, continues under a grant from the Foundation for Vision. Dr. Everett Kinsey is in charge of the research program designed to discover, if possible, the cause and perhaps the prevention of this disease occurring in some prematurely born infants. Dr. Merrill King is follow-

ing up a group of more than 100 cases by periodic examinations, in order to ascertain the course and eventual outcome of this apparently hopeless condition.

Dr. William Beetham is continuing his studies on cataracts in relation to blood sugar levels and Dr. Paul Chandler is undertaking a survey of congenital cataract cases.

EYE CLINIC BUSIEST IN

O. P. D. DEPARTMENT

The Eye Clinic continues to be the busiest in the whole Out-Patient Department, accounting for approximately 20% of all admissions including figures for both Massachusetts General and Infirmary clinics. During the year 1947, 44,553 out-patient visits were made. Miss Eunice Grant is the Chief Nurse in charge of this important clinic.

The Refraction Department, with Dr. Albert Sloane in charge, accounted for 9,593 refractions during the year. This number was somewhat less than last year, due possibly to the increased charges for admission and refraction. House Officers refracted approximately 45% of the patients, while the remaining 55% were refracted by paid refractionists.

The Friday afternoon Refraction Clinic and lectures were conducted in the usual manner. Dr. Walter B. Lancaster and several other Ophthalmologists participated in the teaching program at some of these meetings. The periods were also utilized to demonstrate certain new instruments and techniques of examination. The attendance was particularly good and included Ophthalmologists from various cities as well as Resident Ophthalmologists from other hospitals. Several papers from these sessions were published in the American Journal of Ophthalmology.

The Perimetry Department under Dr. Garrett L. Sullivan made 1,440 examinations.

A total of 2,885 visits were made in the Orthoptic Department, and 82 new patients were examined. This subdivision of the Eye Clinic has shown a

steady growth since its establishment a few years ago, and has been very helpful in the diagnosis of squint cases prior to surgery. Miss Kathleen Foreman is the orthoptist in charge.

The Gonioscopy Clinic, in charge of Dr. Joseph Lo-Presti, examined 320 eyes during the year.

In the Aniseikonic Clinic, Dr. Mahlon Easton tested 47 patients. Of these, ten were given a prescription for aniseikonic lenses.

THE BOSTON EYE BANK

The Eye Bank organized last year now seems to be forging ahead. There are 26 hospitals in New England cooperating in this program. A total of 36 eyes have been received during the year. The parent organization, the Eye-Bank for Sight restoration, Incorporated, of New York City, has recently granted a one year fellowship to Dr. Thomas Duane of Iowa City, who will come here to work on some problems dealing with the preservation of enucleated eyes. A scholarship at the

New York Eye Bank Laboratory has been given to one of our Staff, Dr. Garrett L. Sullivan, by the Soroptimist Club of New England.

The Department of Ophthalmology regrets the resignation of Dr. Fred Thorne, surgeon on the Wednesday Service. Dr. Thorne has given years of faithful service to the Infirmary, and he will be greatly missed. Dr. Merrill J. King has been appointed surgeon to replace him.

There is no question but that the Eye Department can look forward to a successful future. The quality of the Staff is excellent, and the research department under the direction of Dr. Cogan, maintaining a close relationship to the clinical side, is a great asset to the institution. Whether the future will be as productive as it might be to Ophthalmology depends upon the acquisition of suitable space for expansion. This is our greatest need at the moment.

EDWIN B. DUNPHY, M.D.

Chief of Ophthalmology

Out-Patient Department

THE year marked the end of war time compromises in the provision of patient care and indicated the pattern of service which the Department will provide during the first few peace-time years. By the end of 1946, the majority of the physicians and surgeons who had been in attendance before the war had resumed their duties and had been placed on regularly scheduled assignments which provided a satisfactory coverage of experienced clinicians. They were augmented by members of a resident staff larger than usual and by a number of postgraduate students, training in the several specialties. The well known clinical and research teams devoted to particular illnesses functioned again at full strength and attracted numerous visitors. Teaching for undergraduate medical students returned to its pre-acceleration character.

FINANCIAL ADJUSTMENTS

The admission fee to each clinic was increased from \$1.00 to \$1.50 on the first day of the year. It was known that this rise would result in greater

requests for remission charges to patients unable to pay. Nevertheless, the increase was put into effect so that those financially able to pay would pay more nearly the cost of a clinic visit, and that those unable to pay would be aware of the amount of free service they received. By this move third parties, responsible for providing medical care, would receive less benefit from the charitable funds of the Infirmary, intended solely for the benefit of the unsubsidized medically indigent individual. The step was in line with a similar change in ward rates made at the same time.

In September, the practice of reviewing the financial status of patients whose admission cards had been rated and issued in earlier years, was reviewed after a lapse during the war. As on previous reviews, a small but significant number of cases was found in which the financial status had improved to the point that remission of fees was no longer indicated. Also, a few cases were above the maximum income eligible for admission to the clinics.

The importance to research and teaching of repeated observation of patients who have recovered from illnesses and injuries, has always been recognized and the practice encouraged at the Infirmary. Chiefs of Services and Clinics have sent to many patients, letters requesting their return to the Out-Patient Department for examination. In previous years, the Out-Patient Department has been obliged to subsidize follow-up studies by providing the free admission which patients so invited have requested. The Department is now, in part, relieved of this obligation.

For some time, approval by the General Executive Committee of the scientific soundness of such follow-up programs has been required. This year the Committee also looked into the financial aspects of each follow-up study. It has insisted that a part of any special fund designated for a study, be used to reimburse the Out-Patient Department at its regular rates for examinations performed in the interest of the investigator, rather than for the treatment of the patient.

CHANGES IN PHYSICAL FACILITIES

For many years there has been both an Ear Clinic and a separate Nose and Throat Clinic. In 1946 these two were combined administratively into a single Ear, Nose and Throat Clinic which still had to be based in two separate areas.

In September, an area occupied by the Nose and Throat Clinic, the Plastic Clinic and the Bronchoscopy Clinic was completely remodeled into the William Storer Eaton Room for the Ear, Nose and Throat Clinic. The clinic contains nine enclosed treatment booths each with a chair, its own instruments, and its individual utilities. No longer must patients submit to examination and treatment while sitting within the direct gaze of other waiting patients. The planning of this remodeled clinic was directed by Dr. Schall.

The ancient and irritating nuisance of direct current was finally removed from the Out-Patient building when the change to alternating current was completed in the last week of the year.

PERSONNEL CHANGES

In April, Miss Margaret Meenan, R.N., took over the duties of Supervisor of the Department from Miss Helen Baker, R.N. The latter had been acting Supervisor since the resignation of Miss Elspeth S. Campbell, R.N. who had served so well and faithfully from 1918 until the end of 1946. Prior to coming to the Out-Patient Department, Miss Meenan had been Executive Assistant in the Baker Memorial.

In June, Miss Lucia Buchanan succeeded Miss Marilyn Atwell as Supervisor of Clinic Clerks and Volunteers. In December, Mrs. Lois Lawrence, R.N. resigned as Supervisor of Nurses to be succeeded by Miss Claire O'Neil whose work as Head Nurse in the Medical Clinic has been outstanding.

Also in December, Mr. T. Parker Clark, who had been placed in charge of Housekeeping for the General Hospital and the Baker Memorial in May, assumed like responsibility for the Out-Patient Department as well. Mrs. Anne McCauley, who had become Housekeeper in the Out-Patient Department in the previous year, continued in her same position as Mr. Clarke's assistant.

In conformance with the Director's policy of rotating assignments, Dr. Ferdinand Haase, Jr. was replaced by Dr. Joseph S. Lichty as Assistant Director in the Out-Patient Department in October. During much of 1946 and all of 1947, Dr. Haase had also been required to devote the major portion of his time to the construction of the new Vincent-Burnham Building.

The Record Room is not a part of the Out-Patient Department but it is located there and the operations of the two units are closely inter-related. Miss E. Louise Seymour, Chief Medical Record Librarian, assumed responsibility there on January 1, 1947, after a month of observation with Mrs. Genevieve Chase who retired.

Seldom does a large operating unit of any institution undergo a complete change of the six highest administrative personnel in one year. Five had no previous experience in the Department. Added to this, there has been a rather high rate of turn-over among nursing and other personnel. Lack of smoothness and efficiency in operation is to be expected under such conditions. That there was not more difficulty is due to the splendid work of those older personnel of the Department who have carried on while having to experience the adjustment to direction from new superiors.

There have been changes in certain of the Clinics. The change affecting the Infirmary was where Dr. Bradford Cannon, upon his return from military service, became Chief of the Plastic Clinic. Although this is a General Hospital Clinic, it is staffed by the Surgeons of the Eye and Ear Infirmary as well.

JOSEPH S. LICHTY, M.D.

*Assistant Director,
Out-Patient Department*

Nursing Department

DURING the year 1947, progress in the Nursing Department has been difficult, as we are still in a period of transition. Since carpenters, electricians and masons interrupt daily routine, it continues to be a struggle to maintain adequate nursing.

In January, a new operating room was opened for fenestration cases. As this required the services of a full-time graduate, we were fortunate in securing one of our former operating room nurses, Margaret O'Connor Rock. To provide space for the operating room, a section of the Recovery Ward which had been closed during the war, was used. In November, the remaining part of this Ward was reopened for post-operative patients recovering from anesthesia, and a graduate nurse provided from 8:30 to 5:00 daily, thereby assuring more careful observation of these patients.

NEW EQUIPMENT

Early in the year, the long hoped for electric steam heater was installed in the corridor of the Private Ward, providing much relief from drafts and cold.

April saw the ophthalmic side of the Women's Ward being renovated. Partitions were removed, a head nurse's station, and four cubicles for patients were added, as well as a smoking room for the patients. A clean utility room, equipped with stainless steel cabinets and counters, facilitates the segregation of equipment used in care of the ophthalmic patients, and provides much needed work areas and storage space. Similar equipment has been on order since August for both the private and third floors.

After several years of mop wielding to stem the rivers of water seeping into the corridors from the humidifying rooms, the installation of a composition floor with incline to the center drain, eliminates much of the time-wasting drudgery and unsightly equipment formerly used in the care of these rooms.

The hospital is still hampered with inadequate space for proper dressing rooms for its personnel. One room on the second floor has been given over to the women, volunteers, evening and night nurses, and attendants living outside, but this is inadequate and unsatisfactory. Each ward should have a place for the nurses' street clothes, as the regular

Out-Patient Department clothes room is inconveniently located and not open after 5 P.M., nor on Sundays or holidays. The orderlies have been given a dressing-room in the basement of Gardner.

NURSING STAFF

It is a satisfaction that there have been so few changes in the Head Nurse group — stability and experience in these departments are very essential to the management of a busy hospital. Only two resigned during the year, both to be married. In the Nursery, Miss Ellen McCarthy, who had been on night duty for eight years, was appointed Head Nurse. Her maturity and long experience with children are proven assets. As her assistant, Miss Dorothy Hurst, a Massachusetts Memorial graduate who began her nursing career as an attendant on this same ward, is giving conscientious service. In Gardner Ward, both the Head Nurse and her assistant had taken the two months course at the Infirmary, one as an affiliate student from Quincy City Hospital, the other from Burbank Hospital, Fitchburg. One long-standing vacancy was filled in September when a graduate night nurse was secured for Gardner Ward, thereby releasing a student. The evening period still continues to be a major problem everywhere — four vacancies are still covered by students and part-time graduates.

The staff duty group has been in a constant state of fluctuation, but in spite of the heavy turnover, the Private Floor has, with the aid of a few faithful and cooperative part-time graduates, managed to improve greatly the quality of nursing care to the patients. A blanket salary increase was given to the Nursing Staff in July, and the establishing of a 46 hour week early in the year, together made a decided step toward better personnel practices.

SCHOOL OF NURSING

Last year, ninety-five affiliating students and six post-graduates completed the two months' course. It is work for which they show much enthusiasm and liking. Two of the post-graduates accepted positions on the staff. One returned to her missionary work in China, while the others returned to their former positions: office nurse, private duty and staff nursing in a Veterans Hospital. One withdrew to be married.

An attractively designed, illustrated brochure was printed early in the fall and was widely dis-

tributed among the schools of nursing in the State as well as to all those who made inquiries about the course within the year. This was done in the hope of increasing our affiliations, but the response was discouraging due to the fact that the nursing schools contacted have their own problems of student shortage and curricula requirements. Continuing affiliations for the present are: the Massachusetts General Hospital, Mount Auburn Hospital, Cambridge, Melrose Hospital, Quincy City Hospital and Burbank Hospital, Fitchburg, and for these we are grateful.

During the year, several groups of students from other hospitals have visited the Infirmary and its clinics, for special field work. After the International Congress of Nursing in Atlantic City last May, we were honored with a visit from the Matron of the Royal Free Hospital in London, the Matron of the Newcastle Hospital, Newcastle, Australia, and a school nurse from Antwerp, Belgium. A Maryknoll Sister who had spent sixteen years as a nursing missionary pharmacist in Manila, came, while on furlough, for information and material on new methods and treatment.

ATTENDANTS AND ORDERLIES

The year has seen a great turnover in the attendant group. We are still trying to reach our quota of twenty-one, the average total being in the vicinity of thirteen. These young women have always been an integral part of the Nursing Staff, being trained to assume much of the bedside care of the patients.

The orderly group, on the other hand, has been fairly stable. In June a small class of theological students came for two weeks of field work and experience in the nursing care of male patients.

The Nurses' Residence which has been a haven of comparative calm during the strain and stress of the past several years, has lost two main stays. In September, Mrs. Ida Rider who felt she could no longer cope with a four-story house with no elevator to alleviate the numberless trips up and down stairs, resigned for a less strenuous position. In October, Blanche Jones, our competent and conscientious night matron for ten years, died suddenly of coronary heart disease.

Redecoration of the living-room, begun in September by the Ladies Visiting Committee, is nearing completion. With pale grey walls, rose draperies on traverse rods, floral slip covers and lamp shades, it needs only pictures and a few accessories to make

it very attractive and livable. Many expressions of appreciation are voiced at tea-time, and several small sewing and bridge groups have been entertained in the new setting. We are hoping that in the near future, all the rooms will be redecorated, rewired and appropriate furniture added.

Again I wish to express sincere gratitude to the Ladies Visiting Committee, the Red Cross Aides and Gray Ladies, and to the Volunteers who have contributed so generously of their time and energy during the past year.

PERSONNEL FIGURES

Authorized	On duty Dec. 31, '47
1 Advisor—Miss Ruth Sleeper .	1
1 Supt. of Nurses	1
1 Asst. Supt. of Nurses	1
1 Instructor	1
1 Ward teaching Supervisor .	1
1 Night Supervisor	1
1 Asst. Night Supervisor . . .	1
1 Operating-Room Supervisor .	1
6 Operating-Room Head Nurses	6
4 Nurse Anesthetists	3
5 Ward Head Nurses	5
5 Ward Assistant Head Nurses	5
3 Out-Patient or Clinic Head Nurses	3
1 Out-Patient or Clinic Staff Nurses	1
13 General Duty Graduates Days	10
0 General Duty Graduates Days —Part time	0 plus 6
7 General Duty Graduates Eve- nings	4
5 General Duty Graduates Nights	5
57	50 plus
Student Personnel:	
4 Post-Graduates	0
18 Affiliates	17
22	17
21 Attendants: Days	13 plus 1 P.T.
	Evenings 0
	Nights 1
16 Orderlies: Days	8
	Evenings 2
	Nights 3
116—Total	Total—94 plus 7 P.T.

DOROTHY M. TARBOX, R.N.,
Superintendent of Nurses

Social Service Department

THERE has been increased demands for service and some shortage of staff during the year but the usual responsibilities have been carried plus field work supervision of medical social students from Simmons College, Boston College and Boston University School of Social Work. Arrangements were also made for a student from India and one from Greece to observe and discuss our program for the deaf and the blind. In addition to teaching individual students, the Staff participated in group instruction for Master Students from Boston University and Simmons College who came to the Infirmary for instruction on our specific medical social problems. Lectures to the student nurses have continued and one lecture was offered to the Residents in Ophthalmology.

The Director was invited to participate in two meetings held in Washington, D.C., under the Federal Security Agency, Bureau of Public Assistance, in May and November. The meetings were concerned with program planning for the blind and for the physically disabled.

The Department, in collaboration with the Massachusetts Division of the Blind, sponsored a seminar of Medical lectures for approximately 100 public health and welfare workers on Prevention of Blindness in March. All lectures were given by staff ophthalmologists at the Infirmary who generously contributed their services and made the two-day program a success.

EYE SERVICE

The large number of glaucoma patients served in 1947 accounts for many of the services requested on the eye service. Of the 2,960 rendered, 1,125 were for glaucoma patients who presented some particular need other than regular follow-up procedures. Only 106 of the 1,125 were given a comprehensive service, although many more patients needed more attention than it was possible to give. As a result, the proportion of limited services with this group of patients is higher than with any other diagnostic group.

It is impossible for one caseworker to serve this

large glaucoma group adequately. In some other eye clinics, one full-time caseworker is assigned to clinics serving about 300 glaucoma patients a year. Our Eye Clinic should be in a position to study and demonstrate social treatment for glaucoma patients but with the present personnel, it is only possible to handle superficially the most urgent problems. During the year, 1,861 patients have been active in the glaucoma follow-up program, with 381 of these new patients and only 363 discharges.

The large number of retrolental fibroplasia pre-school blind children necessitated transfer of social responsibility for those living outside of Massachusetts, to social agencies in their own communities. The Social Service Department, however, receives numerous requests from those agencies for information on the program at the Infirmary as well as for consultation service on a particular child.

In September, Miss Pauline Moor, the pre-school teacher who had been associated with the summer school project and also visiting the children under the auspices of Perkins Institution, became a part of the retrolental fibroplasia research staff assigned to the Social Service Department. She works closely with the medical social worker in the research project, offering suggestions and guidance to parents of the blind child on early training problems. She also gives direct teaching service to the children when more help is needed than the mothers are able to provide, and evaluates the child's general development and progress in regard to his readiness for group activity and a formal educational program.

The medical social worker in this program has tried to limit her services this year to a more specific approach, especially directed to the mothers and attempting to clarify what can be offered through social treatment, as opposed to a more general educational approach.

Four of the children from the total research study group are now in Perkins Institution, five are in sighted first grade programs, six are in nursery

schools with sighted children. Some of these children live outside the state. This year, 24 new children in Massachusetts have been added to the study group, including three sets of twins. As the ages of the children have increased, medical complications in addition to blindness, have become apparent in some instances, e.g., three have been found to be deaf, two epileptic and two spastic.

EAR, NOSE AND THROAT SERVICE

The number of referrals from the Oto-Laryngological Service was reduced this year by 175 cases. A reduction from 239 in 1946 to 104 in 1947 in the Clinic for the Deaf, and from 205 to 120 in the Nose and Throat Clinic. The referrals from Tumor Clinic and Ear Clinic remained practically the same as in 1946.

The adjustment of the pre-school hard of hearing and deaf child and work with young adults under treatment continue to present serious problems in social adjustment and rehabilitation. Because of the large number of referrals for hearing aids in the aged group, it is not possible to do much more than determine whether or not they are interested in an aid, and to refer them to the Boston Guild for the Hard of Hearing, for trial of the aids. In some instances, money is raised for the purchase of aids for the elderly patient, but with limited money available for this type of service, our funds are usually restricted to providing aids for children and young adults. We have referred 44 children for lip reading in the public schools and 56 to the schools for hearing losses.

The follow-up worker in Ear Clinic added 140 new children and followed a total of 423. The need for this follow-up service seems to be less necessary than in the past. Several factors may account for this: better understanding by present-day mothers of the need to follow medical instructions; more careful interpretation by the doctor in the Baby Room as to the importance of treatment, and methods of medical treatment which do not necessitate prolonged medical supervision.

The Tumor Clinic social worker has cooperated with Mrs. Doehler in arranging for patients who have had total laryngectomies to attend the esophageal voice class. A grant from the Massachusetts Division of the American Cancer Society for medical relief for our cancer patients is greatly appreciated and is helping to meet more adequately, the needs for nursing care and other comforts for these patients.

In September, Miss Ruth Butler was appointed casework supervisor, to relieve the Director for

more freedom in planning and administrative duties.

The Department is working under a great handicap due to lack of space. There are now nine persons in the Department with casework responsibilities, but only two of these have privacy for interviewing. There is no room which can be regularly scheduled for interviewing and dictation. Much time therefore is wasted trying to find a vacant room to hold a conference with students or workers, in order not to disturb others in the office. Volunteers cannot be used extensively as there is no place for them to work. Dr. Schall has generously allowed us to use space this fall in the former Ear Clinic, until the remodeling there is completed, otherwise we could not have three students. If we are to teach and work effectively, more space will have to be available or activities curtailed.

MEDICAL RELIEF

Medical relief increased in 1947. The cost of glasses has risen and requests for them have also greatly increased. This year, 583 patients have had some assistance with glasses alone, as compared to 382 in 1946. The expenditures for prostheses have more than doubled in the past year, for whereas we ordinarily paid \$8.00 for a prosthesis, many of them ordered now are plastic and cost from \$31.50 to as much as \$75.

With this increase in relief, our funds need to be enlarged. Considerable time is consumed raising funds on a case-by-case basis, as indicated in the figure \$2,057.21 "raised from other agencies" in the financial analysis. Far too much of our funds must be used to supplement Old Age Assistance and Aid to Dependent Children recipients in the City of Boston. In 1947 the Out-Patient Department charges for glasses in these two categories of relief in Boston was \$1,509.75 while the above agencies met only \$973.07 of this amount. Social Service Funds paid \$400.47 toward the balance of \$536.68.

We would like particularly to express appreciation to the Permanent Charity Fund, the Webber Charities, the Lend A Hand Society, the We Ten Society, the Catholic Guild for the Blind, and Father Sherlock of the Boston Parochial School System for their generous contributions to our funds for the needs of individual patients. Without their help, many of these needs would have been unmet.

The Ladies Visiting Committee has continued to supply professional magazines to the Department and has granted an allotment for copies of some of our magazines to be bound in the Library. Numerous additions have been made to our library

in the past few years and we are glad to share them with anyone interested.

PERSONNEL

Mrs. Phyllis Landick, M.S. from Simmons College of Social Work, was appointed to the staff in June 1947, and Miss Ann Compton, M.S. from the New York School of Social Work in October.

STATISTICS

Comprehensive social treatment	727
Limited social services	3151
Total social treatment	3878
Follow-up programs:	
Glaucoma	1821
Ear	423
Total treatment and follow-up services	6122
Analysis of social treatment:	
Eye Service	2960
Ear, Nose and Throat	910

ANALYSIS OF FINANCIAL RELIEF

	1946	1947
Glasses	\$2,710.75	\$3,242.80
Prostheses	249.03	565.90
Hearing aids	2,202.82	2,756.61
Nursing, convalescent care	749.60	519.00
Camp expenses	102.00	134.00
Tracheotomy tubes and suction apparatus	54.50	118.70
For total laryngectomy cases	19.50	49.32
Transportation of patients	675.02	627.72
Orthopedic appliances		80.25
Dentures		105.00
Expense for pre-school blind		272.47
Miscellaneous	19.35	35.89
Total	\$6,782.57	\$8,507.75
Refunds from patients	2,397.09	2,290.53
Contributions from agencies	2,057.21	3,221.06
	\$4,454.30	\$5,511.59
Total from Social Service Funds	\$2,328.27	\$2,996.16

EUNICE WILSON,
Director, Social Service

The Boston Eye Bank

AFTER an organization period of some months, the program of the Eye Bank is well underway at the end of the first full year of operation. Serving as the coordinating link between the hospitals which provide the facilities for removing eyes of deceased patients, and the eye surgeons who receive the eyes and perform the transplant operations, the Eye Bank has established procedures with 26 hospitals in Maine, New Hampshire, Rhode Island and Massachusetts.

For the transportation of eye material to and from Boston, arrangements have been made with the local Red Cross Chapter in the community of each affiliated hospital, and in the more distant cities, with Northeast and Eastern Airlines. Without this invaluable assistance, the Eye Bank could not function successfully, as eye material must be used as soon as possible, the maximum being 72 hours. Plans are underway for increasing the number of hospitals participating in the program in order to take advantage of those donors who live in other communities in New England, and this will necessitate arrangements with the railroads as well as with the airlines.

SIGHT RESTORATION OPERATIONS

The results of this preliminary planning appeared most dramatically in December, a month in which 11 eyes were received and five corneal transplant operations carried out. To illustrate more clearly how the Eye Bank works, an outline of one December case record is presented here.

At 5:20 in the morning, a patient died in a hospital in Rhode Island. The nearest relative informed the hospital authorities of the patient's previous request that her eyes be given upon her death, to the Boston Eye Bank. The hospital then notified the Eye Bank that the eyes would arrive by plane at 8:00 A.M. In the meantime, the Eye Bank made arrangements to have the eyes brought in from the airport and then notified the surgeon next on the list that the eyes would be available. Two patients awaiting corneal transplant operations were alerted and preparations made for their possible admission to the Infirmary.

Upon the arrival of the eyes under refrigeration as arranged previously with the airlines, the history and physical record of the deceased patient was

studied to see that there was no contagious disease present, the eyes were examined under a microscope, and the decision made that they were suitable for the corneal transplant. Next, the two patients were admitted to the Infirmary, and the first operation took place at three o'clock in the afternoon and the second at seven-thirty in the evening of the same day.

From this illustration, it can be seen that a large number of persons are involved in the successful carrying out of the various procedures. The little time allowed makes it essential that everyone along the line be familiar with the routine, and the Eye Bank is the unifying factor between all the co-operating agencies. The Eye Bank is grateful for the assistance of the Admitting Office over and above the actual admitting procedure. During the hours at night when the Eye Bank is closed, and over week-ends and holidays, the Admitting Office receives Eye Bank telephone calls, inquiries for information, and frequently has carried out many of the details of receiving eyes as outlined above.

Ten corneal transplant operations have been performed in the year 1947. With the mechanical details of the program now in motion, and with the encouragement and cooperation of our affiliated hospitals, it is believed that the number of transplants will be substantially increased in 1948 to take care of the group of patients who are now on our surgeon's waiting list.

COMMUNITY UNDERSTANDING ESSENTIAL

However, it is only through an enlightened public that the Eye Bank can successfully perform its function. Through the newspapers and the radio, we have made an effort to bring greater understanding of the program to the people of New England and we will continue this education. But in order to avoid raising false hopes for hundreds of blind persons, care must be taken in such publicity to emphasize continually that the corneal transplant operation can benefit only one type of blindness, that caused by opacity of the cornea when the rest of the eye and the optic nerve are normal. Some misunderstanding of the facts has been shown by a number of persons writing in to offer an eye while they are still living, often for thousands of dollars. To these inquiries, we point out that it is strictly against medical ethics to remove an eye except for medical reasons, and in any case, the set-up for the Eye Bank renders this unnecessary.

In December, under the guidance of Mrs.

Gerould, Director of Public Relations, an entire program of the New England Medical Center of the Air was devoted to the Eye Bank. As has been the case in each instance of publicity, this resulted in a greatly increased volume of inquiries and requests for donor blanks. During the year, inquiries have steadily increased and over 2,000 eye donation forms have been sent out in answer to requests from all parts of New England.

There has also been an increasing number of requests for information on the Eye Bank from the various community organizations, and speakers have been sent out to present the program before groups interested in promoting the Eye Bank. The generosity and interest of the Soroptimist Clubs of New England were expressed by their contribution of \$750 for our first scholarship. This scholarship provided for the training of a New England ophthalmologist in the techniques of the corneal graft operation at the Eye Bank for Sight Restoration in New York.

EYE BANK SERVICES ARE FREE

The interest and help of the public are also vitally necessary for the financial future of the project. Aside from the original gift of \$5,000 from the Ladies Visiting Committee of the Infirmary, the program is supported entirely by voluntary contributions. The Infirmary provides office space and the Eye Bank is operated as a department of the Infirmary. It should also be noted here that the affiliated hospitals give their services free and no charges are made by the Eye Bank for supplying eye tissue.

The Boston Eye Bank is affiliated with the Eye-Bank for Sight Restoration, Incorporated, in New York City, there being two other branch banks, one in Chicago and the other in New Orleans. The branch banks keep in touch with the parent bank, and aware of the growing need for eyes in New England, the Eye-Bank for Sight Restoration has, in three cases, sent eyes to Boston. Also a fellowship has been granted by New York to a doctor who will come to the Infirmary to do research on preserving eye tissue for a longer time than is now possible.

Research is a second and an important part of the Eye Bank program. Only through research are advances made in techniques and in the development of instruments to aid the surgeons who actually perform the corneal graft operation. Pathological records are a part of the routine of each eye case and are a source of material for further study in the interest of ophthalmology.

As our purpose and function become more clearly understood, it is to be hoped that more hospitals, eye surgeons and research ophthalmologists will inform the Eye Bank of their needs for eye tissue. Their names will be added to those already on file in the Eye Bank office and their requests filled as the program expands and eyes are received in greater numbers. The Eye Bank plans to act as a receiving and distributing center to all parts of New England and provide eyes so that investigations may be extended to cover further studies in all types of blindness, thus aiding the whole field of vision.

Mrs. Prowse who as Executive Secretary had been responsible for the organization of the Eye Bank since its official opening in December, 1946, left in October of this year.

The hospitals affiliated with the Boston Eye Bank as of January 1, 1948, are listed below:

City of Boston

Beth Israel Hospital
The Boston City Hospital
Massachusetts Eye and Ear Infirmary
Massachusetts General Hospital
Massachusetts Memorial Hospitals
New England Deaconess Hospital
Peter Bent Brigham Hospital
Veterans' Administration Hospital

Cambridge

Cambridge City Hospital
Mount Auburn Hospital

Fall River

The Truesdale Hospital, Inc.

Lawrence

Lawrence General Hospital

Lowell

Lowell General Hospital
Saint John's Hospital
Saint Joseph's Hospital, Inc.

Malden

The Malden Hospital

New Bedford

Saint Luke's Hospital

Newton

Newton-Wellesley Hospital

Springfield

The Springfield Hospital

Worcester

Worcester City Hospital
Worcester Hahnemann Hospital

Portland, Maine

Maine Eye and Ear Infirmary
Maine General Hospital

Waterville, Maine

Thayer Hospital

Providence, Rhode Island

Rhode Island Hospital

Concord, New Hampshire

Concord Hospital

EVE CHENOWETH,
Executive Secretary

Occupational Therapy

THE year opened with a new Assistant Director in the Occupational Therapy Department. Miss Elizabeth S. Forbes, OTR, came to work in January, 1947. Through the department's staff of two registered therapists and at least one and not more than two students throughout the year, 1841 occupational therapy treatments were given.

There was a shortage of students to affiliate with the hospitals during the year. This was because the Boston School of Occupational Therapy, which supplies us with students for two months at a time, had become affiliated with Tufts College in a five year degree course, and students were not available

for hospital work until the fall of the year. However, the Director of the department taught courses in Occupational Therapy this year, for the first time, and it is felt that through these lectures, more students become interested in doing their affiliation with the Eye and Ear Infirmary with a better understanding of the work.

INCREASING OT PRESCRIPTIONS

In 1945, the department incorporated into the patient's records its own form of record sheet on which an accurate account of the patient's progress in Occupational Therapy is kept. Since then and

especially this past year, it has become increasingly noticeable to the department's staff that many different departments in the hospital refer to the OT record in discussing the patient's history. It is interesting to see that more and more frequently the doctors refer patients for occupational therapy treatment using the Doctor's Order Book on each ward, thus denoting that they consider occupational therapy as important as an order for medication. We still have occupational therapy prescription cards on all wards and at every nurse's station, but the referrals in the Order Book are, in our opinion, even more valuable than the separate prescription cards.

The Department made a supreme effort this year to get as many ambulatory patients up to the Occupational Therapy Shop for treatment as possible. If a therapist or other hospital employee was in attendance, ward ambulatory patients were permitted to come to the Shop for purely recreational purposes among themselves, even though not signed for specific treatment. In this way, we felt we served a two-fold purpose; first, that of giving specific occupational therapy treatment to prescribed patients, and secondly, that of providing an energy outlet to those who otherwise would have been left to pass as best they could, the weary hours until their discharge.

This year, patients admitted to the hospital for the corneal transplant operation were added to our list of diagnoses for which occupational therapy is definitely prescribed as a treatment media. Our number of this type of patient increased as the year progressed, along with the usual diagnoses of separated retinas, glaucomas, iritis, enucleations, laryngectomies and mastoids and sinusitis showing some definite problem.

THE SHOP IN CONSTANT USE

Rules for the use of the Occupational Therapy Shop were again reviewed, permitting all employees its use from 12:30 to 2 P.M. daily, the other hours from 9 A.M. to 5 P.M. being for the use of patients. Ward patients came to the shop for classes and at other times providing there was an employee in attendance. Private patients were permitted the use of the shop during the regular hours and were given the feeling of being free to come and go as they wished, since they did not have to be accompanied by an employee.

Late in the year the Department was presented with the gift of a bicycle jig saw. Though old, it

was in good condition and we hope to put it to great use with our ambulatory male patients in particular. It will provide an activity heretofore lacking because we have had no truly manual work for just such patients in our treatment media. We wish to thank the Massachusetts General Hospital Occupational Therapy Department for this gift.

As usual, at the various holiday seasons of the year, the department participated in decorations, favors and parties, hoping to make a more festive atmosphere for the patients who had to remain in the hospital at such times. Our thanks go to the Dietary Department and the Ladies Visiting Committee for cooperating with us in these matters.

PATIENTS' LIBRARY

The Library under the auspices of the Occupational Therapy Department, circulated on all floors of the hospital as usual, three times a week. Fiction, mysteries and westerns were most in demand by the ward patients, whereas, non-fiction held its place on the private floor. Private patients, provided they were not bed patients, were able to come to the Shop, where the Library is located, to get new literature or to exchange books and magazines. We hope this practice will continue as often private patients are admitted to the hospital having no reading matter with them, and so the Library provides a good source of relaxation for them. Current magazines are kept in stock and we found that many patients came to the Shop to spend many hours browsing through the papers and magazines thus creating for themselves a cheerful atmosphere and the chance to relax.

In the Library this year, 2,384 books and magazines were in circulation. We also had the usual amount of Braille material in circulation. Braille books, magazines, and writing materials were supplied to the blind patients.

This year many of the House Officers took advantage of their privilege of being able to take from the Library books not currently in demand by the patients. May I review again the fact that the House Officers and Doctors are the only employees permitted to use the Library in such a capacity, as it is not large enough to keep the patients as well as our personnel supplied and in this matter, of course, the patients must come first.

LINDA F. HALL, OTR

Director, Occupational Therapy

Dietary Department

1947 saw new dish washing machines installed in each of the ward kitchens, thus eliminating the inconvenience of having the soiled dishes sent to the main kitchen for washing. This has made for much more efficient service in the cafeteria. New tray racks for the cafeteria have also been purchased.

The fact that all the employees now have individual lockers where they may keep their personal belongings has added to the Department's morale.

Keeping food hot in transit from kitchen to patient has been a major problem and so we have ordered hot food covers as well as new dish warming cabinets for pre-heating dishes. These cabinets have stainless steel work tables and tray racks and should greatly improve ward food service. We also have on order new closed containers for transporting food to the Gardner wards and have been authorized to replace the mixer, two toasters, our badly worn food trucks, cafeteria trays, and to add a small steam jacketed kettle to our kitchen equipment.

We are grateful to the Ladies Visiting Committee for two slice toasters they purchased for each of the ward floor kitchens, to be used for patients' special nourishment, and also for their contributions of fruit, candy and so on, to the patients at Thanksgiving and Christmas. A special vote of thanks also goes to the Occupational Therapy Department for their excellent work in providing original favors for the patients' trays on all the holidays.

On November 19th, a buffet lunch was served to 180 guests at the annual Alumni Reunion, held in the old ear clinic. This is the first time since

the war that the luncheon was furnished by this Department.

STUDENT DIETITIANS

The Student Dietitians course at the Massachusetts General Hospital was arranged this year to include an affiliation of three weeks at the Eye and Ear Infirmary. Here each student received detailed instruction in the administrative and therapeutic problems peculiar to a small hospital.

The pay cafeteria served a total of 76,184 meals, over 11,000 more than for the preceding year, with an income of \$25,239.00 and at an expense of \$30,542.80. During most of the year, high food costs forced us to function at a loss. Toward the end of the year, we were forced by extraordinarily high prices to eliminate our luncheon and dinner specials, and to serve everything a la carte, though we still tried to keep prices down to a minimum. Another change that helped considerably was the closing of the cafeteria on Sundays and Holidays. The problem of smoking in the cafeteria was solved by allowing smoking only after 1 P.M. at certain designated tables.

The total number of patients' meals served was 143,460, of which 43,500 were to private or semi-private patients while 99,960 meals were served to ward patients. Of the total number, 10,780 were special diets, the majority of which were low residue, soft solid, liquid and diabetic, with variations and modifications of each.

DOROTHY TYE

Dietitian (April, 1947 - March, 1948)

Personnel Department

THE year has seen a slow strengthening of the labor market, both as to number and quality of applicants for hospital jobs. This applies in greater proportion to men looking for work. There are more women available but not enough to fill the community demand and constant shortages in our own job lists. In the competition to get and keep good workers, the Hospital is handicapped both

by longer hours and lower wages than those prevalent in the community.

During the year advertising has been decreased and finally dropped altogether except in rare emergencies. To compensate for this, results of the weekly job lists for and frequent telephone calls to agencies have borne fruit. Most applicants now come through agency direction with the usual

scattering of those who walk in off the street or come through present employees.

During 1947, there have been 157 new employees. The terminations for this period number 206. As an unknown number of terminations should have been dated up to four months previously, it is considered that these figures are not significant. In general, the jobs in the Hospital have been kept very well filled most of the time.

SURVEYS AND PUBLICATIONS

Due to added functions of the Personnel Department without additional staff, it has been necessary to curtail certain of the department activities. The Labor Turnover has been delayed in an effort to establish the habit of turning in all employment slips promptly. Delayed termination slips invalidate any conclusions based on hirings. Our wage comparisons based on the going community rates have been produced with the usual regularity. These show that Hospital pay rates are lower and hours longer than the usual practice of the community.

Students from the Radcliffe Graduate School in Management and Personnel Administration still come twice a year for experience in the Personnel Department. This contact, in addition to making

a contribution to this educational program, also yields a definite contribution to the Hospital. These young women, as volunteer workers, carry on specific research projects and do various jobs in the Hospital departments. They bring a fresh point of view as well as an eagerness to carry on any part of the Hospital work while they are here.

The Personnel Director also spoke to the students of the entire class, as usual, during the year. A talk on personnel practices was given to the students at Katherine Gibbs School.

There has been no addition to the Staff during the year. Due to the marriage of a clerk, Miss Carolyn Handley, there has been a replacement with a very capable newcomer, Miss Ann O'Connor.

LOOKING FORWARD

It is believed that with the coming year better labor conditions will make it possible to replace poor workers with better ones. With fewer shortages it may be expected that more emphasis may be laid on training, good supervision and encouraging latent trends toward self-expression among employees.

Lois D. McCoy

Director, Personnel Department

Public Relations

A FIRST step in planning an effective public relations program for the Infirmary was to find out as much as possible about the present attitude of the public towards this hospital. To do this, the Public Relations Department early in the year, prepared a carefully worded questionnaire which was sent with a return envelope to 200 of the general public and to 200 each of our contributors, patients, out-patients. It was also given to all Staff, hospital personnel, Ladies Visiting Committee, Board of Managers, and to many of the volunteers, past and present.

OUR PRIME PUBLIC RELATIONS PROBLEM

The detailed tabulation of the answers gave a factual basis for discussing our problems. For example, while 99% of those answering the questionnaire said a specialized eye and ear hospital is needed, yet more than a third believe that the

Infirmary is a part of the Massachusetts General Hospital. Thus we are brought face to face with the fact that establishing individual identity is our unusual and primary problem.

Such a general misconception cannot be easily corrected, but every opportunity is being taken to explain the close affiliation but complete independence of the two hospitals. For some time now, the Infirmary stationery has carried a line at the bottom, making this point clear. And most recently, the new signs at the front corner of the Infirmary and the entrance to the Out-Patient Department, a general entrance for all clinics, are now re-worded to bring out the co-operation.

A review of the volunteer situation at the beginning of the year showed that volunteer assistance was still needed for such service to patients as ward errands, help for Social Service workers in the Clinics, and for the Occupational Therapy Depart-

ment with the books and the children. It was decided that because volunteers are such a potential liaison between the hospital and the community, volunteer recruitment and classification should be handled by the Public Relations Department. Miss Marion Burns who took Mrs. Eve Chenoweth's place as secretary to the Department in June, 1947, keeps the records and procedures for our volunteers and, after consultation with department heads needing volunteers, recruits new workers through the Volunteer Service Bureau and by direct appeal to certain schools and organizations.

Last June, I attended the first conference on hospital public relations, held in Princeton, by the American Hospital Association. The program developed the thesis that professionally handled, long range public relations is the solution for many of the major problems facing the voluntary hospitals today. Yet it was interesting to note that there were only about a dozen full-time public relations directors in the group, the rest being hospital executives from all over the country, eager to learn how public relations techniques can be applied to the new field of hospital administration.

NEW PUBLICATIONS

The admissions folder, which was one of this Department's first productions, has proved so useful in giving basic information to patients that we have brought out a second edition with the current rates. Also the little story to help parents prepare their child for the tonsil and adenoid operation, has had a reprint, after a brief survey showed that parents are using it to good effect. The picture folder for the general public, in production at the time of reporting last year, has been particularly useful at such times as the fall "Come and See" tours for the Community Fund and as enclosures in all thank-you letters, whether for funds or glasses frames.

This fall, we did an illustrated folder for the Nursing School giving the curriculum in our two months' course and facts about the Infirmary and the Nurses' Residence. Under Miss Tarbox's direction, this was mailed to hospitals and nursing schools all over New England in the hopes of interesting further affiliates and graduates. A very simple folder, in large type, was also prepared for use with the many patients of the Glaucoma Clinic and was mailed to a list of social agencies and health organizations co-operating in caring for these patients.

Another visual piece to be completed, which we hope will be useful for the "Come and See" tours

and as a source of information for such different groups as the recurring classes of new nurses or the Ladies Visiting Committee, is a 16 millimeter colored movie. It is a very simple, inexpensive series of short episodes illustrating our most typical activities.

The Infirmary exceeded its quota to the Community Fund in 1947, as years past, but the drive this year, sparked by this Department, brought out a new high for personnel subscriptions. A horse race where the horses were "backed" by Department groups and the winner was the first group to bring in 100% subscriptions, added interest and was won by the group including the laundry, housekeeping and plant employees.

NEWSPAPER AND RADIO PUBLICITY

The news event receiving the widest newspaper circulation this year was the repeated donations of eyes to the Boston Eye Bank. The recurring event of eyes arriving by airplane at the Eye Bank and being used in the corneal graft operation to restore eyesight, has been the occasion of a great deal of publicity not only in the papers but also over the radio. The whole story of the Eye Bank and its organization was the subject of one of the broadcasts, in December, of the New England Medical Center of the Air, a series of regular half-hour programs over WNAC.

FUNDS AND FUND RAISING

This year, with spiraling costs, the Infirmary has needed funds as never before. This Department has continued to act as a source of information for the special purpose funds, making reports to department heads who have the disposition of the different funds. We have also assisted departments in making various presentations for grants and renewal of contributions, for example, for funds to continue our social service care of cancer patients.

In preparation for the campaign to raise money needed to carry out the building and remodeling program voted this fall by the Board of Managers and now approved by the Community Fund, we have brought up to date both our mailing and our contributors lists and are adding names to the former. The campaign for \$500,000 will put to the test the past year of public relations work, and implementing the Fund Raising Campaign will be a major undertaking of this Department for 1948.

VIRGINIA GEROULD

Director, Public Relations

Howe Laboratory

THE prime purpose of the Howe Laboratory is basic research pertaining to the eye and a report of the year's activities is devoted largely to specific accomplishments in this field. Not to be overlooked, however, are the less tangible contributions made by the Laboratory group to diverse ends; that pertaining to postgraduate education is especially noteworthy this year and will be considered separately.

RESEARCH

With the ultimate aim of correlating aqueous humor formation with intra-ocular pressure, Dr. V. Everett Kinsey and co-workers have obtained further valuable data on several factors involved. In this comprehensive study, the rate of penetration of amino acids and analogous substances has been investigated by Dr. Mary Amdur, and of alcohols having various molecular weights by Dr. Arnold Forrest.

Poisoning of the eye and optic nerve with methyl alcohol has been the starting point of many investigations but the mode of action of this agent has never been satisfactorily elucidated. Dr. W. Morton Grant has, however, made several important observations on the intermediate products of methyl alcohol metabolism in rabbits. Incidental to these studies, Dr. Grant has developed a second and more specific micromethod for measurement for formic acid in tissue.

Two new agents for the treatment of glaucoma, hexaethyl tetraphosphate and tetraethyl pyrophosphate, have been submitted to laboratory and clinical investigation by Dr. Grant. Also a review of the biochemistry, pharmacology, and toxicology literature pertaining to the eye for the years 1944-1946, was prepared by Drs. Grant and Cogan, based on the bibliography prepared by Dr. Grant in the previous year.

The studies noted previously on the variation of visual acuity with movement of the object, has been investigated further by Dr. Elek Ludvigh.

A quantitative evaluation of projection campimetry in comparison with other methods was undertaken by Dr. Ludvigh and Dr. Albert S. Biegel. The color characteristics of papers commonly em-

ployed in field tests have recently been analyzed by Dr. Ludvigh and Dr. Garrett L. Sullivan.

For the past several years, observations have been made on the opticokinetic response of patients with a variety of intracranial lesions. The data on these patients has now been reviewed by Drs. Cogan and Donald Loeb with the aim of assessing its value in neuro-ophthalmic examination. Together with Dr. Fuller Albright, Dr. Cogan has, during the past year, observed eight patients who were unusual in having an abortive band keratitis associated with an elevated blood calcium.

The possibility that a study of retinal vascular accidents in hypertensive patients might yield information of value in the understanding of the hypertensive process, is being explored by Drs. Cogan and Loeb. Accordingly, the data is being analyzed on approximately 25 patients who have in the past few years been observed to have retinal vascular accidents.

Most new drugs introduced into ophthalmic use make their debut through the publication of results obtained by some enthusiastic protagonist with little regard to drugs already available for that particular purpose. Dr. Cogan and Dr. Grant are, therefore, undertaking a quantitative comparison of one group of drugs, the anticholinesterases, with the intention of establishing the crucial factors involved in evaluating the relative merits of ophthalmic drugs, and thereby providing a standard for subsequent comparisons.

The present treatment for infection with the herpes simplex virus, developed by Dr. Gundersen several years ago in the Howe Laboratory, consists of an iodine scrub of the cornea. While this is the best form of treatment to date, it is far from ideal. Accordingly, Dr. Henry F. Allen, together with members of the Bacteriology Department of the Harvard Medical School, investigated the neutralizing effect of serum gamma globulin on the virus. But unfortunately, this form of treatment would appear to have little promise.

While iontophoresis has recently been widely advocated to obtain high concentration of sulfonamides and penicillin into the eye in order to combat intraocular infections, yet the mechanism by which

it acts on the eye has never been subjected to a comprehensive study. Accordingly, the problem is being currently investigated by Dr. Charles Dyson with the aim of determining what the barrier properties of the cornea are to iontophoresis and, it is hoped, what are its therapeutic possibilities.

The surgical treatment of separated retina is one of the crudest of procedures in ophthalmic surgery and its results *pari passu* are the least predictable. In an attempt to refine our present methods, Dr. Charles L. Schepens is currently making an exhaustive study of selected patients preoperatively and postoperatively with special attention to the operative procedures. Along with this surgery, Dr. Schepens is making extensive use of a specially constructed ophthalmoscope and a self-luminous electrode which he had designed before joining the Laboratory.

TEACHING

Aside from a large amount of instruction which the Howe Laboratory group both gives and receives on an informal plane, there are three levels of teaching in which the group participates; the teaching of undergraduate medical students, the teaching of postgraduate students who are preparing for the practice of ophthalmology, and the teaching and training of certain Fellows in research.

Of the three, the teaching of undergraduate medical students is of the least concern to the Howe Laboratory since this is carried on by the Department of Ophthalmology. However, it is worth mentioning that Dr. Grant lectured and assisted in laboratory exercises in pharmacology of the eye for the undergraduates, and Dr. Cogan similarly lectured and assisted in the laboratory exercises on the pathology of the eye.

The teaching of postgraduate students, on the other hand, has been a major preoccupation of the staff for the past several years. The present three months course in the Basic Sciences of Ophthalmology was organized nine years ago by Dr. Cogan, at the suggestion of Dr. J. Herbert Waite, and the teaching has been done largely by the Laboratory staff with the administrative assistance and moral support of Dr. Edwin B. Dunphy. This is believed to be the first course of its kind devoted entirely to the basic sciences in ophthalmology and has served well its purpose of raising the standards of ophthalmic education. In response to requests from institutions planning to set up analogous courses elsewhere, a detailed description of the Harvard Course has recently been published in the "Archives of Ophthalmology."

In a somewhat similar course now being con-

ducted by the American Board of Ophthalmology, Dr. Kinsey also gave a series of lectures on biochemistry of the eye and Dr. Cogan gave a series of lectures and supervised laboratory exercises on the pathology of the eye. As a result of this teaching, various articles have been published by the staff of didactic methods and technique as well as one text book.

The teaching and training of Fellows in research is much in the foreground, much more now than ever before and probably more than it will be a few years hence. The Howe Laboratory policy and problems which such training entails were cited in last year's report. Little progress has been made in obtaining proper space but the importance of having such fellows has seemed so great that they have been crowded into the existing quarters.

Despite the whole hearted endorsement of teaching by the Howe Laboratory staff, there are real dangers in so saddling a department with such teaching loads that research is stifled. It was, therefore, with considerable satisfaction and relief from the Laboratory's point of view, that Dr. Parker Heath joined the Harvard Medical School faculty during the past year for the express purpose of supervising postgraduate teaching. The Laboratory staff continued to do much of the teaching in the Basic Science Course but the administration is carried on by Dr. Heath.

OTHER ACTIVITIES

Under this heading may be listed a group of activities which are, strictly speaking, neither research nor services rendered, but are potentially both. These are the activities that make for much mutual profit between the Laboratory, the hospital and other organizations.

For the first half of the past year, the Pathology Department of the Infirmary was operated by Dr. Cogan with the frequent and indispensable counsel of Dr. Frederick H. Verhoeff. Dr. Cogan has been continued as Director of the Ophthalmic Laboratories but Dr. Heath has now taken over completely the operation of the Pathology Department.

For photography of the eye, Dr. Robert R. Trotter and Dr. Grant have developed an illuminating system that is considerably superior to any previously employed. A start toward developing a file of photomicrographs was made by Dr. Rush M. Blodget, Jr., and this file has already been most useful in the teaching of pathology.

As an *ex-officio* consultative service, Dr. Cogan and Dr. Grant have continued active participation in seeing such patients of the Infirmary and of the

Massachusetts General Hospital as are referred by the respective staffs. Most of these patients present merely diagnostic problems, but many are of considerable research interest. Especially active is the participation with the thyroid, hypertensive and neurologic services. Dr. Kinsey has continued to act as consultant for the Infirmary in the study of retrolental fibroplasia and has directed the experimental research in the project.

During the past year, the group held an all day meeting for ophthalmic investigators outside of Boston. Various projects presently being studied at the Laboratory were presented and discussed. This is the first of the informal interurban conferences held since the termination of the war. Dr. Cogan and Dr. Verhoeff, Director-Emeritus of the Laboratory, also participated during the past year in a two day meeting of ophthalmic pathologists at the Army Institute of Pathology in Washington.

HOWE LIBRARY

The Lucien Howe Library under the direction of Miss Jeanette Loessl, has served well the ophthalmic and general medical community. Aside from the routine function, Miss Loessl has prepared several bibliographies, translated many articles, done considerable proof reading, tracked down numerous references and scanned the current literature for articles pertaining to the projects of the staff. The Library has continued to serve as a clearing house for ophthalmological journals sent abroad. The demand from overseas exceeds the supply and further contributions, especially of the war-time journals, were again solicited in this country.

SUPPORT OF THE LABORATORY

Increased costs with a fixed capital having a no more than average yield, is a plight common to all endowed institutions. The remarkable thing is that the Laboratory has been able to maintain its pre-inflation size and productivity. This has been made possible in part by personal sacrifice on the part of the staff and in part by increments to the income of the Laboratory through several farseeing individuals and institutions, especially the American Optical Company and the Infirmary.

The American Optical Company has continued its support of physiologic optics in the Laboratory in a most exemplary manner; it should be noted that at no time has any pressure been put on the Laboratory for applied investigations or for specific projects.

The Massachusetts Eye and Ear Infirmary has in the past provided space and certain services to the Laboratory but never heretofore has it underwritten other expenses. Yet it cannot be denied that much of the prestige of the Infirmary in the scientific world is due to the researches in the Howe Laboratory. Accordingly, the Board of Managers of the Infirmary expressed their determination to keep the Laboratory at its present level of operations by making a contribution to offset its deficit. This is a tangible recognition of the part played by research in a modern hospital.

Of no less importance is the aid from foundations for specific projects and from individuals for general expenses. It is the continued hope that large additions to the Laboratory's endowment may be made. In lieu of large donations, it is gratifying to record the spontaneous gifts which were made by individuals for a variety of reasons and purposes. The gesture of a half-blind colored man with glaucoma who brought in four rabbits because the Laboratory took him on as a "special case" is appreciated. Of greater practical importance are several donations from physicians who wish to further the cause which the Howe Laboratory represents.

The following have, by their contributions to the Laboratory fund made possible the continuation of the Laboratory at its present level.

American Optical Company, for the support of research in physiologic optics (second year of a three year grant.)

The Massachusetts Eye and Ear Infirmary, for general expenses.

The John and Mary Markle Foundation, for the support of studies on factors affecting intra-ocular pressure (second year of a two year grant-in-aid.)

The Snyder Foundation, for determination of relative osmotic pressure in blood and aqueous humor.

Vivian B. Allen Foundation, to assist Dr. Schepens in his study on separated retinas.

Paul A. Chandler, M.D., for general expenses.

Frank D. Carroll, M.D., for the study of methyl alcohol poisoning.

William F. Donoghue, M.D., for general expenses.

DAVID G. COGAN, M.D.,
Director

Lectures Given and Articles Published

DEPARTMENT OF OPHTHALMOLOGY

BEETHAM, WILLIAM P. The Management of Some of the External Diseases of the Eye (Corneal Diseases with Special Attention to the Slit-lamp. II. Diabetic Retinopathy. III. The Crystalline Lens in Diabetes Mellitus. IV. Dry Eyes (Keratoconjunctivitis Sicca). Series of lectures presented at the Twentieth Annual Spring Graduate Course at Gill Memorial Eye, Ear, and Throat Hospital, Roanoke, Virginia, April 10-12, 1947.

Some Blood Sugar Studies in Surgical Cataract Patients. Presented at the Massachusetts Eye and Ear Infirmary Alumni and New England Ophthalmological Society Meeting, in Boston, Massachusetts, November 19, 1947.

CHANDLER, PAUL A. A Neglected Cause of Secondary Glaucoma in Eyes in Which the Lens is Absent or Subluxated. With Carl C. Johnson. Archives of Ophthalmology. 37: 740-769, June, 1947.

DUNPHY, EDWIN B. Di-isopropyl Fluorophosphate — in Glaucoma. Bulletin of the New England Medical Center, Joseph H. Pratt Diagnostic Hospital. 9: No. 3, June, 1947. Headaches and Ocular Pain. II. Di-isopropyl Fluorophosphate — in Glaucoma. Presented at the University of Rochester, Strong Memorial Hospital, Rochester, New York, July 30, 1947.

The Effects of Di-isopropyl Fluorophosphate Vapor on the Eye. In collaboration with W. H. Aldridge, Hugh Davson and George I. Uhde. American Journal of Ophthalmology. 30: No. 11, November, 1947.

Some Headache Mechanisms. Presented at the Massachusetts Eye and Ear Infirmary Alumni Meeting, in Boston, Massachusetts, November 19, 1947.

GUNDERSEN, TRYGVE. Surgery of Intraocular Foreign Bodies. Transactions American Academy of Ophthalmology and Otolaryngology, July-August, 1947.

HOLT, LAWRENCE B. The Effects of Irradiation, Immunity and Other Factors, on Vaccinia Infection. A Review Illustrated by a Report of a Secondary Ocular Infection Treated with Roentgen Rays. In collaboration with H. W. Pittman and G. T. Harrell. Archives of Internal Medicine. 80: No. 1, July, 1947.

JOHNSON, CARL C. A Neglected Cause of Secondary Glaucoma in Eyes in Which the Lens is Absent or Subluxated. In Collaboration with Paul A. Chandler. Archives of Ophthalmology. 37: 740-769, June, 1947.

LANCASTER, WALTER B. Evolucion Del Mejor Metador Para Medir Errores De Refraccion. Presented at meeting of Pan-American Congress of Ophthalmology in Havana, Cuba, January 4-10, 1947.

Orthoptics (Second Paper). With Julia E. Lancaster. Journal of the American Medical Association. 133: 1211-1215, April 19, 1947.

VERHOEFF, FREDERICK H. American Ophthalmology During the Past Century. Section of Ophthalmology. American Medical Association.

Successful Diathermy Treatment in a Case of Recurring Retinal Hemorrhages and Retinitis Proliferans. Transactions American Ophthalmological Society.

Problems Concerning Convergence. Transactions American Academy of Ophthalmology and Otolaryngology, September-October, 1947.

DEPARTMENT OF OTOLARYNGOLOGY

GOODALE, ROBERT L. Relationship of Bronchiectasis to Sinusitis. Presented at Clinical Congress, American College of Surgeons, New York City, September 9, 1947.

HOLMES, EDGAR M. The Microtic Ear. On file in Archives of Otolaryngology, 1947.

KAZANJIAN, VARAZTAD H. Estlander-Abbe Operation in Treating Secondary Harelip Deformities and Defects of the Upper Lip Resulting From Cancer. Journal of Plastic and Reconstructive Surgery. 2: No. 4, July, 1947.

Prosthetic Restoration of Congenital and Acquired Deformities of Hard and Soft Palate. Journal of Oral Surgery. 5: 181-201, July, 1947.

Restoration of the Lip, Nose and Maxilla by Surgery and Prostheses. Journal of Plastic and Reconstructive Surgery. 2: No. 6, November, 1947.

KELEMEN, GEORGE. The Junction of the Nasal Cavity and the Pharyngeal Tube in the Rat. Archives of Otolaryngology. 45: 159-168, February, 1947.

LEWIS, DONALD K. Acoustic Neuritis Associated with Keratitis. Annals of Otology, Rhinology and Laryngology. 56: 194, March, 1947.

MILLER, DANIEL. Penicillin Inhalation Therapy in Respiratory Infections. In collaboration with Maurice Segal and Leon Levinson. The Journal of the American Medical Association. 134: 762-770, June 28, 1947.

Electroencephalographic Patterns from the Base of the Brain. In collaboration with Milton Greenblatt and Daniel Funkenstein. American Journal of Psychiatry. 103: No. 6, May, 1947.

Neoplasms of the Nose and Throat. Pratt Diagnostic Hospital. In print, November, 1947.

STERNSTEIN, HERMAN J. Nasal Resistance Inhaler — A New Method for the Prevention and Treatment of Aerotitis Media and Aerosinusitis. *Journal of Aviation Medicine*. 18: No. 3, June, 1947.

WEILLE, FRANCIS L. External Sinus Surgery. *Surgery, Gynecology and Obstetrics*. 84: 853, April, 1947.

ZONDERMAN, Bernard. Herpes Zoster Oticus (Ramsay Hunt Syndrome). With Leighton Johnson. *Archives of Otolaryngology*, in press.

The Hearing Acuity, Tinnitus and Vertigo in Essential Hypertension. With Leighton Johnson. *New England Journal of Medicine*, in press.

THE HOWE LABORATORY OF OPHTHALMOLOGY

ALLEN, HENRY F. Some Immunological Reactions of Human Serum Gamma Globulin with the Viruses of Herpes Simplex and Epidemic Keratoconjunctivitis, in collaboration with J. T. Heyl, F. S. Cheever. Presented by Dr. Henry F. Allen at the New England Ophthalmological Society, in Boston, Massachusetts, December 17.

COGAN, DAVID G. Pathology of the Anterior Eye. Series of lectures and demonstrations to New England Ophthalmological Society, in Boston, Massachusetts, 1947.

Aims and Aids in the Teaching of Basic Sciences in Ophthalmology. *Archives of Ophthalmology*. 37: 428-432, 1947. Pathology of the Eye. Series of lectures and demonstrations at Ophthalmological Study Council, Portland, Maine, July-August.

Vascular Diseases of the Fundus. Presented before the Cardiac Section of the American College of Physicians, in Boston, Massachusetts, November 14.

The Significance of the Opticokinetic Response with Intracranial Lesions, with D. R. Loeb. Presented at the Massachusetts Eye and Ear Infirmary Alumni Meeting, in Boston, Massachusetts, November 17.

Epibulbar Tumors. Presented before the Buffalo Ophthalmological Society, Buffalo, New York, December 11.

GRANT, W. MORTON. Colorimetric Micromethod for Determination of Formic Acid. *Analytic Chemistry*. 19: 206-207, 1947.

Methyl Alcohol Poisoning. Seminar at the Department of Pharmacology, Harvard Medical School, Boston, Massachusetts, March 26.

Colorimetric Determination of Sulfur Dioxide. *Analytical Chemistry*. 19: 345-346, 1947.

Students' Model for Slit Lamp Biomicroscopy of the Aqueous Humor. *Archives of Ophthalmology*. 38: 109, 1947.

Ophthalmic Pharmacology. Two lectures presented in the regular Pharmacology Course of Harvard Medical School, Boston, Massachusetts, December 2 and 4.

KINSEY, V. EVERETT. Action of Mustard Gas and Other Poisons on Yeast Cells, with W. M. Grant. I. Effect of Mustard Gas on the Rate of Cell Division. *Journal of Cellular and Comparative Physiology*. 29: 51-64, 1947.

Action of Mustard Gas and Other Poisons on Yeast Cells,

with W. M. Grant. II. Effect of Mustard Gas on the Mortality, Morphology, Carbohydrate Metabolism, and Permeability. *Journal of Cellular and Comparative Physiology*. 29: 65-74, 1947.

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Action of Mustard Gas and Other Poisons on Yeast Cells, with W. M. Grant. IV. Study of Effects of Divinyl Sulfone and their Reversal. *Journal of Cellular and Comparative Physiology*. 29: 95, 1947.

Action of Mustard Gas and Other Poisons on Yeast Cells, with W. M. Grant. V. Correlation Between the Quantity of Glutathione Bound by Mustard and Divinyl Sulfone and Their Effect on Growth Rate. *Journal of Cellular and Comparative Physiology*. 29: 289-300, 1947.

Action of Mustard Gas and Other Poisons on Yeast Cells, with W. M. Grant. VI. Study of the Relationship Between Inhibition of Carbohydrate Metabolism and Inhibition of Growth by Various Poisons, and Effects of Other Toxic Agents on Yeast. *Journal of Cellular and Comparative Physiology*. 30: 31-42, 1947.

Some Observations on the Role of Vitamin C in Aqueous Humor Formation. Presented at the Massachusetts General Council Meeting, in Boston, Massachusetts, March 25.

Fundamental Research in the Clinical Specialities. *Science*. 105: 373, 1947.

Biological Aspects of Mustard Gas. Presented at the Department of Biology, Harvard University, Boston, Massachusetts, April 25.

The Chemistry of Ascorbic Acid and its Relation to Aqueous Humor. Presented at the Department of Chemistry, Harvard University, Boston, Massachusetts, April 28.

Transfer of Ascorbic Acid Across the Blood-Aqueous Barrier. Presented at the Association for Research in Ophthalmology, Atlantic City, New Jersey, June 10.

Transfer of Ascorbic Acid and Related Compounds Across the Blood-Aqueous Barrier. *American Journal of Ophthalmology*. 30: 1262, 1947.

Use of Radioactive Isotopes in Ophthalmic Research. Presented at the New England Ophthalmological Society, in Boston, Massachusetts, November 18.

OTHER DEPARTMENTS

BENEDICT, EDWARD B. Limitations of Radiology and Gastroscopy in Diseases of the Stomach: An Analysis of 53 Proven Cases. *Gastroenterology*. 8: 251-277, March.

Endoscopy. *New England Journal of Medicine*. 237: 92-99, 126-131, July 17 and July 24.

Observations on Gastric Atrophy After Liver Therapy. *Journal of National Cancer Institute*. 7: No. 5, 321-325, April.

Endoscopy. *Surgical Clinics of North America*. 27: 1191-1214, October.

ONE HUNDRED AND TWENTY-SECOND ANNUAL REPORT

BEECHER, HENRY K. Anesthesia's Second Power: Probing the Mind. *Science*. 105: 164, February.

Notes on the History of Resuscitation in the Mediterranean Theater of Operations. *Surgery, Gynecology and Obstetrics*. 84: 989, May.

Timing as a Factor in the Treatment of Shock. *Surgical Clinics of North America*, October.

The Specialty of Anesthesia and Its Application in the Harvard University - Massachusetts General Hospital Department. *Annals of Surgery*. 126: 486, October.

The Internal State of the Severely Wounded Man on Entry to the Most Forward Hospital, with F. A. Simeone, C. H. Burnett, S. L. Shapiro, E. R. Sullivan, T. B. Mallory. *Surgical*. 22: 672, October.

Epinephrine in Cardiac Resuscitation, with Robert R. Linton. *Journal of American Medical Association*. 135: 90, September.

Renal Function Studies in the Wounded, in collaboration with C. H. Burnett, S. L. Shapiro, F. A. Simeone, T. B. Mallory, E. R. Sullivan. *Surgery*. 22: 856, November.

Post-Traumatic Renal Insufficiency, in collaboration with C. H. Burnett, S. L. Shapiro, F. A. Simeone, T. B. Mallory, E. R. Sullivan. *Surgery*. 22: 994, December.

Effects and Use of Alkalies in Traumatic Shock, in collaboration with C. H. Burnett, S. L. Shapiro, F. A. Simeone, T. B. Mallory and E. R. Sullivan. *Surgery*. 22: 1029, December.

TUCCI, JOHN H. The Inhibiting Effect of Succinate on Pentothal Sodium Anesthesia. Paper read at the Anesthesia Neurological Association, Los Angeles, June, 1946, published as abstract in *Transactions of the Anesthesia Neurological Association*, 1947.

A Study of Levels of Consciousness Based on Electroencephalographic Data in Pentothal Sodium Anesthesia. Read before the Anesthesia Neurological Association, Atlantic City, June. To be published.

Levels of Consciousness in Pentothal Anesthesia. Read before the Harvard Medical Society.

Pentothal Anesthesia and Succinate. To be published in *Anesthesiology*.

MALLORY, TRACY B. The Internal State of the Severely Wounded Man on Entry to the Most Forward Hospital, in collaboration with H. K. Beecher, F. A. Simeone, C. H. Burnett, S. L. Shapiro, E. R. Sullivan. *Surgery*. 22: 672-711, October.

Renal Function Studies in the Wounded, in collaboration with C. H. Burnett, S. L. Shapiro, F. A. Simeone, H. K. Beecher, E. R. Sullivan. *Surgery*. 22: 856-873, November. Post-Traumatic Renal Insufficiency, in collaboration with C. H. Burnett, S. L. Shapiro, F. A. Simeone, H. K. Beecher, E. R. Sullivan. *Surgery*. 22: 994- December.

The Pathogenesis of Bronchiectasis. *New England Journal of Medicine*. 237: 795-798, 1947.

Hemoglobinuric Nephrosis in Traumatic Shock. *American Journal of Clinical Pathology*. 17: 427-443, 1947.

The Pathology of Epidemic Hepatitis. *Journal of the American Medical Association*. 134: 655-662, 1947.

Progress Report: Pathology. *New England Journal of Medicine*. 236: 438-443, 1947.

WILSON, EUNICE W. Parental Attitudes. Paper read at National Conference on the Preschool Blind Child, in New York City, March.

The Function of the Social Service Department in an Eye Clinic and its Relationship to Community Agencies. Paper read at Eye Institute of the National Society for the Prevention of Blindness, in New York City, November.

BUTLER, RUTH M. Casework with Parents. Paper read at National Conference on the Preschool Blind Child, in New York City, March.

The Preschool Blind Child — His Emotional Problems. Paper read at Institute on the Blind Child, in Burlington, Vermont, June.

Medical Social Worker Helps Blind Babies to Get Good Start. *The Child*. 12: No. 1.

MOOR, PAULINE. Training of the Preschool Blind Child. Paper read at Institute on the Blind Child, in Burlington, Vermont, June.

The Child with a Visual Handicap. A paper read at the Boston Nursery Training School, in Boston, March, and Simmons College, in Boston, May and December.



Directory

MEMBERS OF INFIRMARY STAFF, ALUMNI AND RESIDENTS

Names of members of the Infirmary Staff are printed in capital letters.

Abbreviations following the name indicate to what service of the Infirmary the individual belongs:

Bron.; Bronchoscopy	M.; Manager
Esoph.; Esophagoscopy	Oph.; Ophthalmology
Oto-Lar.; Oto-Laryngology	

Letters in small type preceding the abbreviations indicate the special work of the individual:

a.; assistant an.; anesthetist assoc.; associate c.; chief of service cl.; clinical cons.; consulting dir.; director e.; extern	exec. a.; executive assistant path.; pathologist r.; resident ront.; roentgenologist s.; surgeon s.p.o.; surgeon for plastic operations s.t.c.; surgeon assigned to Tumor Clinic
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Addresses are in Boston unless stated to be elsewhere; and are in Massachusetts when no State is indicated.

The following list is correct to the best of our knowledge and belief. If there are any inaccuracies or omissions we would be glad to have these brought to our attention.

ALBAUGH, CLARENCE H., Oph. 1940
727 W. 7th., Los Angeles, Calif.

ALEXANDER, SEEYMAN L., Aural, 1919
170 St. George, Toronto, Ont., Can.

ALLEN, HENRY F., r. Oph.

ALLEN, JOHN H., Aural, 1904
Cape Elizabeth, Maine

ALLMAN, CHARLES H., assoc. s. Oto-Lar.
(Oto-Lar. 1930)
520 Commonwealth Ave.

AMBERG, EMIL, Aural 1897
1244 West Boston Boulevard, Detroit, Mich.

ANTHONY, ALAN R., Oph. 1936
736 Granville, Vancouver,
British Columbia, Can.

ANTHONY, MARC, Oph. 1929
Westminster Apts., Spokane, Washington

AYASH, JOHN J., Oto-Lar. 1946
23 West Central, Minot, North Dakota

AYLESWORTH, FREDERICK A., Oph. 1916
Suite 1001 Medical Arts Bldg.
Toronto, Ontario, Can.

BAHN, GUSTAV C., r. Oph.

BAIR, HUGO L., Oph. 1932
Mayo Clinic, Rochester, Minnesota

BALLENGER, JOHN J., Oto-Lar. 1943
1340 Asbury Ave., Winnetka, Ill.

BARNES, HARRY A., cons. s. Oto-Lar.
61 Church, Dedham

BARTON, RICHARD T., Oto-Lar. 1945
120 So. Lasky Drive, Beverly Hills, Calif.

BASSEN, EDWARD J., Oph. 1928
654 Madison Ave., N.Y.C.

BEECHER, HENRY, an. MGH

BEETHAM, WILLIAM P., s. Oph.
(Oph. 1929) 108 Bay State Road

ONE HUNDRED AND TWENTY-SECOND ANNUAL REPORT

- BENEDICT, EDWARD B., cl.a.,
Bron. & Esoph. MGH
- BERRY, GORDON, Aural 1910
36 Pleasant, Worcester
- BIRDSALL, CLARENCE H., Aural 1916
Oph. 1918 26 Summer, Haverhill
- BLACK, DANIEL E., Oto-Lar. 1944
26 Lake, Nashua, N.H.
- BLAISDELL, IRL H., Oto-Lar. 1939
Medical Arts Bldg., Syracuse, N.Y.
- BOBBETT, GORDON H., Oto-Lar. 1948
Florence, South Carolina
- BOGAN, FREDERICK L., cons. s., Oto-Lar.
(Aural 1908) 249 River, Milton
- BOIES, LAWRENCE R., Oto-Lar. 1931
1937 Medical Arts Bldg., Minneapolis, Minn.
- BRACONIER, HARRY E., Sr. cl.a. Oph.
(Oph. 1945) 264 Beacon
- BRADY, FRANK W., Oto-Lar. 1942
8 Merrimac, Lowell
- BRAWNER, LEON E., Oto-Lar. 1925
384 Peachtree, Atlanta, Ga.
- BREWER, DAVID W., r. Oto-Lar.
- BRIGGS, WALLACE R., Oph. 1920
2717 13th Street, Sacramento, Calif.
- BROWN, LESTER A., JR., Oto-Lar. 1937
478 Peachtree, Atlanta, Ga.
- BRYAN, BURTON D., Oto-Lar. 1943
151 Rock, Fall River
- BURKE, J. ROBERT, Oph. 1918, Aural 1919
207 Elm, Holyoke
- CAMERON, WALTER C., Oph. 1930
1103 Medical Arts Bldg., Tacoma, Washington
- CANDRAY, CARLOS H., Oph. 1944
San Salvador, El Salvador
- CAPELES, THOMAS F., cl.a., Oph. (Oph. 1915;
Aural 1916)
191 Merrimac, Haverhill
- CARON, ARMAND L., Oto-Lar. 1927
36 Pleasant, Worcester
- CARROLL, FRANK D., Oph. 1935
635 W. 165th, N.Y.C.
- CARROLL, HENRY G., Oph. 1911
270 Commonwealth Ave.
- CARROLL, WALTER J. E., assoc. s. Oto-Lar.
5 Chestnut, Arlington
- CARTER, LELAND F., Oph. 1926
1553 Woodward Ave., Detroit, Mich.
- CASE, PAUL H., Oph. 1938
418 Professional Bldg., Phoenix, Arizona
- CASTEN, VIRGIL G., s. Oph. (Oph. 1931)
412 Beacon
- CAVANAUGH, THOMAS, a.s. Oph.
(Oph. 1940) 395 Commonwealth Ave.
- CAVE, LINUS S., Oto-Lar. 1927
1504 State Tower Bldg., Syracuse, N.Y.
- CERRATO, CALVIN M., cl.a. Oto-Lar.
(Oto-Lar. 1944)
15 North Main, Concord, N.H.
- CHAMBERLAIN, CALVIN B., Oph. 1944
342 Investment Bldg., Pomona, Calif.
- CHANDLER, PAUL A., s. Oph. (Oph. 1925)
5 Bay State Road
- CHISHOLM, JULIAN F., JR., sr. cl.a. Oph.
20 West Cedar
- CLAP, EDMUND W., cons. s. Oph. (Oph. 1899)
395 Commonwealth Ave.
- CLARKE, SAMUEL T., Oph. 1939
240 W. First, Reno, Nev.
- CLOUGH, JOSEPH M., sr. cl.a. Oph.
(Oto-Lar. 1939; Oph. 1941)
101 Bay State Road
- COGAN, DAVID G., assoc. s. Oph.; dir.
Howe Lab. (Oph. 1935)
243 Charles
- COGAN, JAMES R., Oph. 1944
444 N. Bedford Drive, Beverly Hills, Calif.
- COLLISON, A. WILLIAM, a.s. Oph.
226 Bay State Road
- CONVERSE, JOHN M., Oto-Lar. 1938
121 E. 60th, New York City
- COOPER, KEMP G., Oto-Lar. 1930
1516 Cook, Denver, Col.
- CORDRAY, DAVID P., cl.a. Oto-Lar.
(Oto-Lar. 1940) 403 Commonwealth Ave.
- COVITZ, EDWARD E., a.s. Oph.
475 Commonwealth Ave.
- COYLE, JOHN A., Oph. 1931
Norwich, Vermont

- CREWSON, ARTHUR L., Oto-Lar. 1927
132 Second, West Cornwall, Ontario, Canada
- DAVIDSON, HERMAN P., Oph. 1920
30 North Michigan Ave., Chicago
- DAY, KENNETH, Oto-Lar. 1924
121 University Place, Pittsburgh, Pa.
- DEAN, ABBOTT W., Oph. 1929
424 Oakland Ave., Council Bluffs, Iowa
- DE BLOIS, ELIZABETH, a.s. Oto-Lar.
247 Commonwealth Ave.
- DONAHUE, HUGH C., a.s. Oph., (Oph. 1931)
520 Commonwealth Ave.
- DONOGHUE, WILLIAM F., cl.a. Oph.
(Oto-Lar. 1942; Oph. 1944)
69 Chestnut, Springfield
- DOWLING, JOSEPH L., Oph. 1918
57 Jackson, Providence, R.I.
- DROOKER, JOSHUA C., a.s. Oto-Lar.
(Oto-Lar. 1939)
20 Charlesgate West
- DRURY, DANA W., Aural 1906
483 Beacon
- DUCLOS, GASTON N., Oto-Lar. 1943; Oph. 1945
4565 Queen Mary Road, Montreal, Canada
- DUEST, LLOYD J., cl.a. Oph.
227 Union, New Bedford
- DUNPHY, EDWIN B., c. Oph; (Oph. 1923)
243 Charles
- EASTON, MAHLON T., a.s. Oph. (Oph. 1936)
264 Beacon
- ERNLUND, CARL H., s.t.c.; (Oto-Lar. 1927)
5 Bay State Road
- EVANS, MAURICE G., assoc. s. Oto-Lar.
(Oto-Lar. 1928) 416 Marlborough
- EVANS, WILLIAM H., Oph. 1924
510 Dollar Bank Bldg., Youngstown, Ohio
- FARRELL, JAMES I., Oph. 1932
Kempf Bldg., Utica, N.Y.
- FAUNCE, CALVIN B., con. s. Oto-Lar.
(Aural 1907) 290 Commonwealth Avenue
- FAXON, NATHANIEL W., dir., M.E. & E.I.
- FILMER, GEORGE A., Oph. 1939
530 Metropolitan Bldg., Denver, Colo.
- FISHER, STANWOOD E., Aural 1909
338 Spring, Portland, Me.
- FLOYD, PAUL E., Oph. 1946
102 Main, Farmington, Me.
- FOOTE, CHARLES M., Oph. 1940
412 North Hastings Ave., Hastings, Neb.
- FRACKELTON, RALPH J., Oto-Lar. 1933
14800 Madison Ave., Cleveland, Ohio
- FRANKLIN, C. RAY, Oph. 1931
10 E. 90th, New York City
- FRAZEE, JOHN R., assoc. s. Oto-Lar.,
(Oto-Lar. 1934) 311 Beacon
- FRED, GUSTAVE B., s. Oto-Lar.,
(Oto-Lar. 1925) 520 Beacon
- FULTZ, WILLIAM E., Oph. 1927
45 Kaye, Halifax, N.S., Can.
- GABRIELS, JOSEPH A.C., Oph. 1921
435 State, Albany, N.Y.
- GARLAND, FREDERICK E., cons. s. Oto-Lar.
483 Beacon
- GAUDREAU, HONORE E., Oph. 1930
293 Bridge, Springfield
- GAUS, LOUIS, Oph. 1921
Ticonderoga, N.Y.
- GERMAIN, HARRY H., Oph. 1899
479 Commonwealth Ave.
- GIBSON, ARTHUR C., Aural 1921
516 Sutter, San Francisco, Calif.
- GIFFORD, HAROLD, JR., Oph. 1934
1620 Medical Arts Bldg., Omaha, Neb.
- GILBERT, JOHN J., Oph. 1917; Aural 1920
221 Thayer, Providence, R.I.
- GILLESPIE, ELMER H., Oto-Lar. 1932
- GODUTI, RICHARD J., Oph. 1946
704 Congress, Portland, Maine
- GOLDCAMP, RICHARD R., r. Oto-Lar.
- GOLDMAN, A. MILTON, Oph. 1924
Rockville Centre, N.Y.
- GOODALE, JOSEPH L., cons. s. Oto-Lar.
Ipswich
- GOODALE, ROBERT L., s. Oto-Lar.
(Oto-Lar. 1926)
330 Dartmouth
- GOODELL, WILLIAM, Aural 1906
1066 South Citrus Ave., Sarasota, Fla.
- GRAY, GERALD H., Oto-Lar. 1929
420 Mountain Ave., Piedmont, Calif.

- GROSSMAN, HERMAN P., a.s. Oph.;
(Oph. 1934)
210 Angell, Providence, R.I.
- GUIMARAES, JOAO C., Oto-Lar. 1946
Rua David Campista 67, Botafogo, Rio, Brazil
- GUNDERSEN, TRYGVE, s. Oph. (Oph. 1930)
101 Bay State Road
- HACKING, RAYMOND F., Oph. 1927
105 Waterman, Providence, R.I.
- HAIRE, PAUL G., a.s. Oph.
6 Pleasant, Malden
- HALTON, EDWARD J., Oto-Lar. 1942
56 Suffolk, Holyoke
- HAPP, LINLEY C., sr. cl.a Oph.;
(Oto-Lar. 1931; Oph. 1943)
199 Thayer, Providence, R.I.
- HEATH, PARKER, dir. Oph. Path. Lab.
243 Charles
- HEFFERNAN, DAVID A., Oph. 1904
270 Commonwealth Ave.
- HEINE, LYMAN H., Oto-Lar. 1927
1535 N. Broad, Freemont, Nebr.
- HEINICKE, HORST J., r. Oto-Lar.
- HENNESSEY, WILLIAM W., Aural 1908
33 Essex, Salem
- HERMAN, EDWARDS, cons. s. Oto-Lar.
Lincoln
- HILL, FREDERICK T., Aural 1916
111 Main, Waterville, Me.
- HILL, FRANCIS S., a. dir., M.E. & E.I.
- HO, ALBERT K. T., r. Oto-Lar.
- HOBART, CARL, Oph. 1922
518 Metropolitan Bldg., St. Louis, Mo.
- HOLLABAUGH, CHARLES F., Oph. 1932
Doctors' Bldg., Nashville, Tenn.
- HOLMES, EDGAR M., a.s.p.o. Oto-Lar.
(Oto-Lar. 1934)
330 Dartmouth
- HOLT, LAWRENCE B., r. Oph.
- HOOPLE, GORDON D., Oto-Lar. 1926
Medical Arts Bldg., Syracuse, N.Y.
- HOUSTON, G. GILBERT, Oto-Lar. 1938
10 West, Charlottetown, P.E.I., Can.
- HUTCHINSON, RUTH M., ex.a., M.E. & E.I.
- IRELAND, PERCY E., Oto-Lar. 1935
170 St. George, Toronto, Ontario, Can.
- IRGENS, EDWIN R., Oto-Lar. 1938
1601 Spring Garden, Philadelphia, Penn.
- IRVINE, A. RAY, JR., Oph. 1947
9730 Wilshire Blvd., Beverly Hills, Calif.
- IRVINE, S. RODMAN, Oph. 1935
700 Roosevelt Bldg., Los Angeles, Calif.
- IRVINE, WENDELL C., Oph. 1941
700 Roosevelt Bldg., Los Angeles, Calif.
- JACK, FREDERICK L., cons. s. Oto-Lar.
(Aural 1884)
215 Beacon
- JESBERG, NORMAN, Oto-Lar. 1947
Eye and Ear Hospital
500 So. Lucas Ave., Los Angeles, Calif.
- JEWETT, EVERETT P., Oph. 1945
21 West, Worcester
- JOHNSON, CARL C., a. s. Oph.; (Oph. 1942)
5 Bay State Road
- JOHNSON, CHARLES I., s. Oto-Lar.
(Oto-Lar. 1929)
403 Commonwealth Ave
- JOHNSON, LORAND V., Oph. 1937
2065 Adelbert Road, Cleveland, Ohio
- JONES, EDWARD E., Oto-Lar. 1928
141 W. Elm, Brockton
- JUDD, DELBERT K., Oto-Lar., 1934
423 Arcade Bldg., Kankakee, Ill.
- KANT, ALFRED, r. Oph.
- KAZANJIAN, KENNETH, cl.a. Oto-Lar.
475 Commonwealth Ave.
- KAZANJIAN, VARAZTAD H., con. s.p.o.
Oto-Lar. & Oph.
475 Commonwealth Ave.
- KEARNY, RICHARD A., Aural & Lar. 1921
2311 Connecticut Ave., Washington, D.C.
- KELEMEN, GEORGE, cl.a. Oto-Lar.
20 Gloucester
- KELLEY, VINCENT J., assoc. s. Oto-Lar.
520 Commonwealth Ave.
- KENT, CHARLES, cl.a. Oto-Lar.
270 Commonwealth Ave.
- KENNEDY, MICHAEL F., Oph. 1927
1835 I, N.W., Washington, D.C.

KERST, J. ARTHUR, Oph. 1934
55 East Washington, Chicago, Ill.

KING, MERRILL J., s. Oph.
(Oph. 1932) 264 Beacon

KOS, CLAIR M., Oto-Lar. 1941
Duke University, Durham, North Carolina

LANCASTER, WALTER B., cons. s. Oph.
520 Commonwealth Ave.

LANE, CHARLES S., r. Oto-Lar.

LANGWORTHY, HENRY G., Aural 1907
10th and Bluffs, Dubuque, Iowa

LA PIERRE, WARREN W., r. Oph.

LAVOIE, ROLAND, Jr. Oto-Lar.

LAWLOR, EDWARD R., cl.a. Oto-Lar.
(Oto-Lar. 1941) 267 Moody, Waltham

LEAHEY, BRENDAN D., a.s. Oph.;
(Oph. 1933)
9 Central, Lowell

LECONTE, CHARLES M., Oto-Lar. 1947
Rue Royale, Cap-Haitien, Haiti

LEMOINE, ALBERT N., Oph. 1923
1100 Rialto Bldg., Kansas City, Mo.

LEMOINE, ALBERT N., JR., Oph. 1945
1100 Rialto Bldg., Kansas City, Mo.

LENTINE, JOSEPH, a.s., Oto-Lar.
(Oto-Lar. 1935)
395 Commonwealth Ave.

LEVITT, JESSE M., Oph. 1933
991 Ocean Ave., Brooklyn, N.Y.

LEWIS, DONALD K., a.s. Oto-Lar.
(Oto-Lar. 1943)
243 Charles

LIEBMAN, SUMNER D., sr. cl.a. Oph.
(Oph. 1943)
115 Bay State Road

LIEBMAN, WILLIAM, Oph. 1911
115 Bay State Road

LODGE, EDMUND A., Oto-Lar. 1924
Mountain Home, Tennessee

LO-PRESTI, JOSEPH J., sr. cl.a. Oph.
341½ Beacon

LORING, ROBERT G., Oph. 1900 Retired

LOTHROP, OLIVER A., Aural 1911
101 Beacon

LOUGEE, JOHN L., Aural 1909
475 Commonwealth Ave.

LOVELY, DAVID K., Oto-Lar. 1946
73 Deering, Portland, Maine

LOVESEY, BURTON E., a.s. Oto-Lar.;
(Oto-Lar. 1935)
76 Bay State Road

LURIE, MOSES H., s. Oto-Lar.
483 Beacon

LYNCH, MERCER G., Oto-Lar. 1936
1567 Exposition Blvd., New Orleans, La.

MACDONALD, ALEXANDER E., Oph. 1923
170 St. George, Toronto, Ontario, Can.

MACDONALD, DONALD H., Oto-Lar. 1930

MACHAMER, R. WENNER, Oto-Lar. 1945
18428 Scottsdale Blvd., Cleveland, Ohio

MACKECHNIE, WILLIAM G., Aural 1918

MACKENZIE, ROLAND C., Oph. 1911
30 Grant, Waltham

MACLAUGHLIN, CHARLES H., s.cl.a. Oph.
(Oph. 1947)
32 Pleasant St., Everett

MACMILLAN, ANDREW L., JR., Aural 1912
46 Pleasant, Concord, N.H.

MACMILLAN, ALEXANDER S., ront.
483 Beacon

MACNIE, JOHN P., Oph. 1929
635 W 165th, New York City

MALLORY, TRACY B., cons. path. MGH

MANSUR, LEON WALLACE, Oph. 1898 Retired
Valley Center, Calif.

MARTIN, S. FORREST, a.s. Oph. (Oph. 1938)
101 Bay State Road

MATTIS, ROBERT D., Oph. 1942
634 N. Grand Blvd., St. Louis, Mo.

MCAULEY, ALBERT G., Oph. 1915
1301 Dorchester, West, Montreal, Quebec, Can.

MCCABE, FRANK J., Oph. 1916
204 Angell, Providence, R.I.

MCCALL, ROBERT E., Oto-Lar. 1941
236 S. Main, Marion, N.C.

MCCLINTOCK, WALTER L., Oto-Lar. 1938
1245 Hancock, Quincy

- McDONALD, SAMUEL J., cons. s. Oph.
(Oph. 1902)
290 Commonwealth Ave.
- McENEANEY, JOSEPH P., cl. a. Oto-Lar.
(Oto-Lar. 1947)
301 Essex, Lawrence
- McGUIGAN, G. EDMUND, Oph. 1924
116 W. Market, York, Pa.
- McINTIRE, FREDERIC J., Oph. 1910
63 North Common, Lynn
- McKEIGUE, JOHN E., r. Oto-Lar.
- McKENZIE, RODNEY J., Oto-Lar. 1942
- McLEOD, ANGUS M., Oto-Lar. 1932
Medical Arts Bldg., Toronto, Ontario, Can.
- McLEOD, JOHN, Oph. 1930
636 Argyle Bldg., Kansas City, Mo.
- MEEK, RAYMOND E., Oph. 1926
729 Park Ave., New York City
- MELTZER, PHILIP E., s. Oto-Lar.
(Aural 1919)
20 Charlesgate West
- MERRITT, ROBERT E., Oph. 1920 Retired
Valley Center, Calif.
- MERTINS, PAUL S., Oto-Lar. 1936
17 Galen, Montgomery, Ala.
- MESSENGER, HARRY K., a.s. Oph.
(Oph. 1934)
313 Commonwealth Ave.
- MEYER, MONTA F., Oph. 1919
904 Canal Bank Bldg., New Orleans, La.
- MILES, NATHAN E., Oph. 1937
1023 S. 20th, Birmingham, Ala.
- MILLER, DANIEL, cl.a. Oto-Lar.
(Oto-Lar. 1943)
20 Charlesgate West
- MILLS, LLOYD, III, Oph. 1947
910 Westchester Pl., Los Angeles, Calif.
- MOORE, DONALD E., Oph. 1937
417 Medical Arts Bldg., Syracuse, N.Y.
- MOORE, EDWARD E., Oph. 1944
- MOORE, FONTAINE B., Aural 1914
- MOORE, JAMES A., Oto-Lar. 1940
525 E. 68th, New York City
- MORRISSEY, ARTHUR M., cl.a. Oph.
185 High, Medford
- MOORMAN, JOHN D., Oph. 1939
Times Bldg., Huntsville, Ala.
- MOSHER, HARRIS P., cons. s. Oto-Lar.
127 Front, Marblehead
- MOSHER, HENRY A., sr. cl.a. Oph.
(Oph. 1941)
71 Bay State Road
- MOTLEY, FREDERIC E., Oto-Lar. 1925
Charlotte Eye, Ear, Nose & Throat Hospital,
Charlotte, N.C.
- MOULTON, EVERETT C., JR., r. Oph.
- MUELLER, WERNER, a.s. Oto-Lar.;
(Oto-Lar. 1933)
412 Beacon
- MURPHY, EDWARD M., Oph. 1915
9 Central, Lowell
- MURPHY, WILLIAM E., Oto-Lar. 1933
Slater Bldg., Worcester
- MYERS, ROSCOE W., Oph. 1927
36 Pleasant, Worcester
- MYERS, STANLEY A., Oto-Lar. 1937
39 Hilton Ave., Youngstown, Ohio
- MYSEL, PHILIP, s. Oto-Lar.
483 Beacon
- NICHOLSON, HARRY M., Aural 1913
515 Medical Arts Bldg.
Hamilton, Ontario, Can.
- O'CONNELL, JOHN D., Oph. 1943
50 Farmington Ave., Hartford, Conn.
- O'CONNOR, MICHAEL JAMES, Oph. 1946
Valley National Bank Bldg., Tucson, Arizona
- O'CONNOR, MICHAEL JOHN, Aural & Lar. 1923
105 Waterman, Providence, R.I.
- OFFENBACH, BERTHA, cl.a. Oph.
270 Commonwealth Ave.
- OGDEN, FREDERIC W., Oto-Lar. 1942
- OLDS, BOMAR A., Oto-Lar. 1929
26 Linden Ave., N.E., Atlanta, Ga.
- OLSEN, HENRIETTA I., exec. a.
M.E. & E.I.
- PARKER, HARRY C., Oph. 1902
- PETERSON, WALBORG L., exec. a.
M.E. & E.I.
- PIPPITT, RICHARD B., r. Oph.

- POIRIER, GEORGE H., cons. s. Oto-Lar.
60 Bay State Road
- POLLEN, ABRAHAM, sr. cl.a. Oph.
(Oph. 1944)
64 Washington Ave., Chelsea
- POLLOCK, FREDERIC J., Oto-Lar. 1935
- POPPE, MAYO J., r. Oph.
- PRICE, F. RAYMOND, Oph. 1936
118 Rutledge Ave., Charleston, S.C.
- PROVOST, ADOLPHE J., Oto-Lar. 1927
36 Lowell, Manchester, N.H.
- PRUDHON, CHARLES A., Oto-Lar. 1930
168 Sterling, Watertown, N.Y.
- QUEVEDO, A. ARTURO, Oph. 1933
4a Ave. Sur 19, Guatemala City
Guatemala, C.A.
- QUEVEDO, JULIO, Oto-Lar. 1941
15 C.O. 5, Guatemala City, Guatemala, C.A.
- QUINCY, JOSIAH E., a.s. Oto-Lar.
(Oto-Lar. 1926)
270 Commonwealth Ave.
- RAMBO, J. H. TOM, r. Oto-Lar.
- RAYNES, ALPHONSE F., Oph. 1923
16 Market Sq., Portsmouth, N.H.
- REAGAN, DANIEL J., cl. a. Oph.
(Oph. 1943; Oto-Lar. 1944)
507 Main, Worcester
- RICE, JOHN D., Oto-Lar. 1943
390 Main, Worcester
- RICE, THEODORE A., Oph. 1942
390 Main, Worcester
- RICHARDS, LYMAN G., s. Oto-Lar.
(Oto-Lar. 1924)
1101 Beacon, Brookline
- RICHARDSON, JOHN R., assoc.s. Oto-Lar.
(Oto-Lar. 1935)
403 Commonwealth Ave.
- RIEMER, HUGO B. C., cons. s. Oph.
29 Commonwealth Ave.
- RIEMER, KARL, sr. cl.a. Oph. (Oph. 1943)
403 Commonwealth Ave.
- ROBERTSON, ANNIE M., a. to dir.
M.E. & E.I.
- ROOPENIAN, ARAM, cl.a. Oto-Lar.
(Oto-Lar. 1944)
475 Commonwealth Ave.
- ROSS, PERCY JAY, Oto-Lar. 1934
1045 Michigan Ave., Chicago, Ill.
- ROTHWELL, STEPHEN C., Oto-Lar. 1925
100 Eighth, New Bedford
- RUGGLES, RALPH H., assoc. s. Oph.
(Oph. 1920)
394 Marlborough
- RUGGLES, ROGER L., Oto-Lar. 1932
80 Elm, Westfield
- RUNGE, PAUL M., sr. cl.a. Oph.
140 Marlborough
- SACHS, BENJAMIN, s. Oph.; (Oph. 1925)
520 Beacon
- SAINSBURY, AUGUSTUS W., Oto-Lar. 1943
42 N. Main, Canandaigua, N.Y.
- SAMS, JAMES M., r. Oto-Lar.
- SARGENT, FRANCIS B., Aural & Lar. 1923
124 Waterman, Providence, R.I.
- SAVAGE, ROSS E., Oph. 1910
Gloucester
- SCARNEY, HERMAN D., Oph. 1928
573 Fisher Bldg., Detroit, Mich.
- SCHALL, LEROY A., c. Oto-Lar.
243 Charles
- SCHNEBLY, J. THOMAS, Oph. 1936
900 17th N.W., Washington, D.C.
- SCOTT, DAVID H., r. Oph.
- SEALE, EARL S., a.s. Oph.; (Oph. 1940)
108 Bay State Road
- SHAMBAUGH, GEORGE E., JR., Oto-Lar. 1932
122 S. Michigan Blvd., Chicago, Ill.
- SHEEHAN, LINUS A., sr. cl.a. Oph.
(Oph. 1943)
210 Angell, Providence, R.I.
- SHLOSSBERG, FRANK R., cl.a. Oto-Lar.
116 Emerson, Haverhill
- SKILLING, FRANCIS C., Oph. 1933
442 Ingram Bldg., Miami, Fla.
- SLAUGHTER, EARL C., Oto-Lar. 1940
Granada Bldg., Norfolk, Neb.
- SLOANE, ALBERT E., a.s. Oph.
416 Marlborough
- SMITH, HAROLD D., Oto-Lar. 1937
342 Investment Bldg., Pomona, Calif.

- SMITH, WILLIAM L., r. Oph.
 SNOW, ROBERT C., Oto-Lar. 1940
 202 E. So. Temple, Salt Lake City, Utah
 SPRATT, CHARLES N., Oph. 1904
 785 9th, Minneapolis, Minn.
 STEPHENS, H. FREDERICK, a.s. Oph.
 (Oph. 1939)
 195 Thayer, Providence, R.I.
 STERNSTEIN, HERMAN J., a.s. Oto-Lar.
 416 Marlborough
 STONE, WILLIAM, JR., r. Oph.
 SULLIVAN, GARRETT L., a.s. Oph.
 (Oph. 1938)
 101 Bay State Road
 SWENSON, RUDOLPH E., cl.a. Oto-Lar.
 1 Carver, Plymouth
 TEGELBERG, JULIUS, Oto-Lar. 1931
 390 Main, Worcester
 THOMAS, JOHN H., Oto-Lar. 1944; Oph. 1946
 262 E. Market, Warren, Ohio
 THOMPSON, PETER HUNTER, cons. s. Oph.
 (Oph. 1902)
 308 Commonwealth Ave.
 THORNE, FRED S., cons. s. Oph.
 270 Commonwealth Ave.
 TOBEY, HAROLD G., cons. s. Oto-Lar.
 (Aural 1915)
 403 Commonwealth Ave.
 TOOT, J. FREDERICK, Oph. 1922
 520 First National Bank Bldg., Canton, Ohio
 TUCCI, JOHN H., a.an.
 243 Charles
 TWITCHELL, MARSHALL C., Oph. 1941
 217 S. Union, Burlington, Vt.
 VAIL, DERRICK T., Oph. 1924
 700 N. Michigan Ave., Chicago, Ill.
 VERHOEFF, FREDERICK H., cons. c. Oph.
 395 Commonwealth Ave.
 VIGER, ROLAND J., Oph. 1937
 1414 Drummond, Montreal, Quebec, Can.
 WAITE, J. HERBERT, cons. s. Oph.
 (Oph. 1923)
 7 Bay State Road
 WALES, ERNEST DEW., Aural 1902
 1236 N. Pennsylvania, Indianapolis, Ind.
 WALKER, D. HAROLD, cons. s. Oto-Lar.,
 (Aural 1902)
 5 Bay State Road
 WATTLES, F. MERRILL, Oto-Lar. 1938
 1200 So. Kuhl Ave., Orlando, Fla.
 WEBSTER, FRANKLIN R., Oph. 1926
 810 State Tower Bldg., Syracuse, N.Y.
 WEBSTER, RICHARD C., JR., cl.a. Oto-Lar.
 475 Commonwealth Ave.
 WEILLE, FRANCIS L., s. Oto-Lar.
 (Oto-Lar. 1929)
 247 Commonwealth Ave.
 WEISMAN, HERMAN J., Oto-Lar. 1944
 76 Limerock, Rockland, Me.
 WEST, FRANCIS J., sr. cl.a. Oph. (Oph. 1947)
 45 Bay State Road
 WHITE, LEON E., cons. s., Oto-Lar.
 (Aural & Lar. 1923)
 390 Commonwealth Ave.
 WHITNEY, RAYMOND C., Oph., 1922
 227 Union, New Bedford
 WILKINS, SAMUEL H., cons. s. Oph.
 270 Commonwealth Ave.
 WILLIS, HARRY C., Aural & Lar. 1923
 216 E. Nash, Wilson, N.C.
 WINKLER, HERMAN A., Oto-Lar. 1926
 224 Thayer, Providence, R.I.
 WISHART, DAVID E. S., Aural & Lar. 1922
 47 Grosvenor, Toronto, Ontario, Can.
 WRIGHT, CLARENCE F., Oto-Lar. 1931
 86 Bloor West, Toronto, Ont., Can.
 WRIGHT, EDWARD N., Oto-Lar. 1933
 210 Public Utilities Bldg.
 Port Arthur, Ontario, Can.
 ZANEK, OTTO L., Oph. 1946
 7438 Harrisburg Blvd., Houston, Texas
 ZONDERMAN, BERNARD, cl.a., Oto-Lar. 1946
 29 Bay State Road

In Memoriam

EDWIN B. GOODALL, M.D.

Consulting Surgeon in Ophthalmology

1918—Ophthalmic Intern; 1918—Ophthalmic Clinical Assistant; 1921—Assistant Ophthalmic Surgeon; 1932—Ophthalmic Surgeon; 1945—Consulting Ophthalmic Surgeon.

HENRY HAWKINS, M.D.

Consulting Surgeon in Ophthalmology

1909—Ophthalmic Intern; 1913—Clinical Assistant; 1917—Assistant Surgeon; 1926—Associate Surgeon—Resigned in 1932; 1941—Consulting Surgeon.

JOHN G. JENNINGS, M.D.

Consulting Surgeon in Ophthalmology

1917—Ophthalmic Resident; 1917—Ophthalmic Clinical Assistant; 1921—Assistant Ophthalmic Surgeon; 1935—Associate Ophthalmic Surgeon; 1945—Consulting Ophthalmic Surgeon.

GEORGE L. TOBEY, M.D.

Consulting Surgeon in Oto-Laryngology

1906—Aural Clinical Assistant; 1907—Assistant Aural Surgeon; 1924—Aural Surgeon; 1926—Consulting Aural Surgeon.

LADIES VISITING COMMITTEE - 1947

Massachusetts Eye and Ear Infirmary

Mrs. Sullivan A. Sargent, Chairman
701 South St., Needham

Mrs. Harold Peabody, V. Chairman
302 Berkeley St., Boston

Mrs. John E. Thayer, Secretary
1383 Brush Hill Rd., Milton

Mrs. Richard C. Curtis, Treas.
215 Warren St., Brookline

Mrs. Arlie V. Bock
987 Memorial Drive, Cambridge

Mrs. John Bryant
120 Sargent Rd., Brookline

Mrs. Harry P. Cahill
35 Crowninshield Rd., Brookline

Mrs. Nathaniel D. Clapp
Prides Crossing, Mass.

Mrs. Livingston Davis
142 Beacon St., Boston

Mrs. Weld Douglass
% Mrs. A. Winsor Weld
47 Suffolk Rd., Chestnut Hill

Mrs. Edwin B. Dunphy
255 Woodland Rd., Chestnut Hill

Mrs. Henry Erhard
"White Gates", Wenham, Mass.

Mrs. John W. Farley
260 Clarendon St., Boston

Mrs. Reginald Foster
48 The Fenway, Boston

Mrs. Trygve Gundersen
123 High St., Brookline

Mrs. George Freeman Hall
74 Dixwell Ave., Quincy

Mrs. Samuel E. Hall, Jr.
124 South St., Needham

Mrs. Harold L. Higgins
322 Franklin St., Newton

Mrs. Francis T. Hunter
56 Lawrence Rd., Chestnut Hill

Mrs. Charles I. Johnson
1080 Beacon St., Brookline

Mrs. Varaztad H. Kazanjian
191 Clifton Rd., Belmont

Mrs. Andrew Mason
21 Sargent Crossway, Brookline

Mrs. William W. McCarthy
175 Dartmouth St., Boston

Mrs. Henry D. Minot
100 Beacon St., Boston

Mrs. Noel Morss
568 South St., Needham

Mrs. Harris P. Mosher
127 Front St., Marblehead

Mrs. Eugene Record
310 Commonwealth Ave, Boston

Mrs. Franklin A. Reece
7 Pine Rd., Chestnut Hill

Mrs. John R. Richardson
60 Damien Rd., Wellesley

Mrs. Arthur L. Richmond
708 South St., Needham

Mrs. Edward J. R. Ropes
13 West Cedar St., Boston

Mrs. LeRoy A. Schall
293 Fuller St., West Newton

Mrs. Reginald H. Smithwick
Woodland Rd., Chestnut Hill

Mrs. William B. Snow, Jr.
290 Warren St., Brookline

Mrs. Leslie Soule
Strawberry Hill St., Dover



Mrs. Channing Swan
2 Willow Rd., Weston

Mrs. Thomas C. Thacher, Jr.
Hollis St., Sherborn

Mrs. Benjamin A. G. Thorndike
Glenridge Rd., Dedham

Mrs. Robert Truesdale
Strawberry Hill St., Dover

Mrs. F. H. Verhoeff
61 Monmouth St., Brookline

Mrs. Gordon White
125 Beacon St., Boston

Mrs. Albert Williams
134 Middlesex Rd., Chestnut Hill

Mrs. John I. Wylde
Dover, Mass.

NEW MEMBERS - 1947

Mrs. Francis Carter
Franklin, N. H.

Mrs. Henry E. W. Cunningham
Border St., Cohasset

Mrs. Arnold Houghton
34 Wilsons Lane
Charles River

Mrs. Alfred Peabody
Lowder St., Dedham

Mrs. Ernest Sargent
191 Clifton St., Belmont



Form of Bequest

The Massachusetts Eye and Ear Infirmary is a completely independent voluntary hospital which receives no support from the state or city.

For the information of those who may wish to aid the Infirmary, a form of bequest is here set forth:

I GIVE AND BEQUEATH TO THE MASSACHUSETTS
EYE AND EAR INFIRMARY (243 Charles St., Boston) _____
_____ DOLLARS TO BE APPLIED TO THE USES OF
SAID HOSPITAL.

MAY 20 1949

FOR DEPOSIT IN THE
OFFICE OF THE CLERK OF THE
SUPERIOR COURT

Massachusetts
Eye and Ear Infirmary

ONE HUNDRED and TWENTY THIRD
A N N U A L R E P O R T
1948



BOSTON • MASSACHUSETTS

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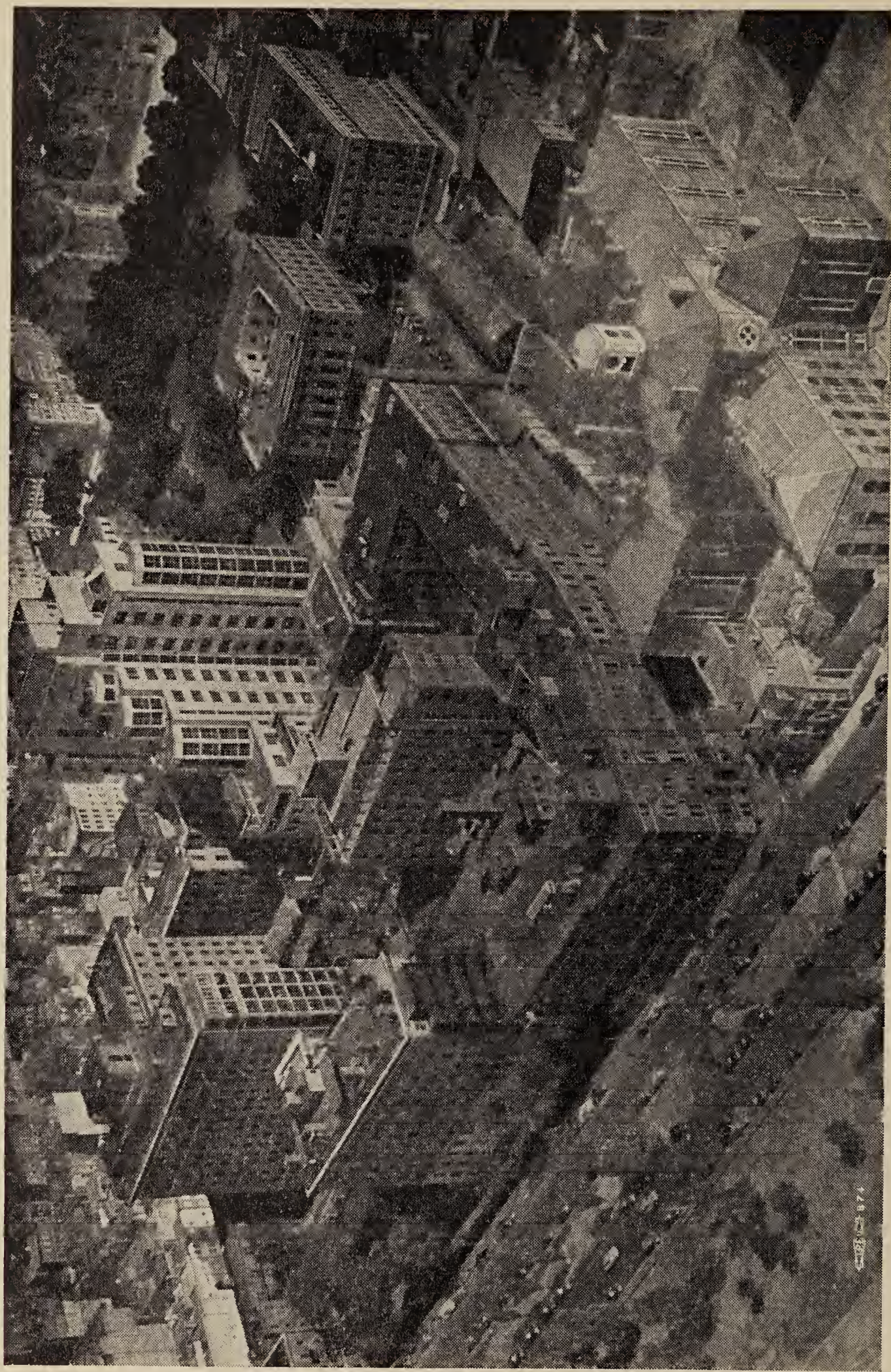
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Massachusetts
Eye and Ear Infirmary

ONE HUNDRED and TWENTY THIRD
A N N U A L R E P O R T
1948



BOSTON • MASSACHUSETTS



From the air it can be seen how the MASSACHUSETTS EYE AND EAR INFIRMARY, in the foreground, completes a medical center by its close affiliation with the Massachusetts General Hospital, its neighbor on three sides.

MASSACHUSETTS EYE AND EAR INFIRMARY

INCORPORATED IN 1827

243 Charles Street, Boston 14, Massachusetts

Telephone: LAfayette 3-8230

NINETEEN FORTY-NINE will be the 125th year since the Massachusetts Eye and Ear Infirmary first opened its doors as the second oldest hospital in New England, and the second oldest eye and ear hospital in the country. While proud of its traditions, the Infirmary's present concern is maintaining its leadership as a special hospital caring for the eyesight and hearing of the men, women and children of the community.

The Infirmary is an independent, non-profit institution. It receives no support from city or state but is financially supported solely by receipts from patients, its share in the Community Fund as a "Red Feather Service," and by the voluntary gifts and funds contributed by friends.

The Infirmary cooperates closely with its neighbor, the Massachusetts General Hospital, to give complete medical service to its patients; for example, the clinics of both hospitals share a common Out-Patient Department on Fruit Street. Also for maximum efficiency and economy in operating, the Infirmary unites with the Massachusetts General Hospital in such matters as purchasing, maintenance and personnel management. However, the Infirmary is a completely separate hospital with its own unpaid Board of Managers, its separate staff of specialists and its own funds.

The wards and out-patient clinics are open only to patients who are not able to pay doctors' fees. Until the building program now under way is completed, only a limited number of private patients under the care of the staff physicians can also be cared for. All patients, in the clinics and wards as well as in the private rooms, have the medical and surgical care of the staff who are specialists in Ophthalmology and Oto-Laryngology.

Patients are admitted to the wards by appointment with the Admitting Office, 243 Charles Street, from 9 to 10 A.M. daily except Sunday and legal holidays. The ward rates are \$9* a day for board and room, with special services such as operating room and anesthesia fees, laboratory tests, X-ray, extra.

Arrangement for admission to private rooms are made by the staff physician in charge of the patient.

Daily rates for private care are \$14* for a single room and \$11* for a semi-private accommodation. Patients arrange with their own doctor about his fees which are paid directly to him.

Blue Cross (Associated Hospital Service) plans are accepted at the Infirmary, the benefits being allowed as soon as approval has been received. All other non-profit insurance is handled by the patient for himself and he pays the regular rates to the Hospital.

If the patient is not referred to the Infirmary directly by his own doctor, then he should, whenever possible, bring a letter from his doctor recommending that he be admitted to this hospital. But if a patient gives satisfactory evidence that he is not being cared for by a doctor of his own and that he is not able to pay for care by a private physician, he is eligible for treatment in the Infirmary clinics. In cases of emergency, of course, the patient is admitted immediately at any time of the day or night.

The clinics, located in the Out-Patient Department with the entrance on Fruit Street, are open daily except Sunday and legal holidays, for a fee of \$2.25* per clinic visit. After a preliminary interview, out-patients are examined by the clinic doctor and treatment is prescribed. If further treatment is necessary, the out-patient is given an appointment for his next visit, as subsequent visits are by appointment only.

* as of January 1, 1949

Officers

BOARD OF MANAGERS 1948-49

<i>President</i>	.	.	.	Henry Hixon Meyer	1937
				53 State Street, Boston	
<i>Secretary</i>	.	.	.	Edmund V. Keville	1942-43 1945
				49 Federal Street, Boston	
<i>Treasurer</i>	.	.	.	Horace W. Frost	1940
				74 State Street, Boston	
William H. Claflin, III	.	.	.	74 State Street, Boston	1947
Mrs. Richard Cary Curtis	.	.	.	215 Warren Street, Brookline	1940
James C. Howe	.	.	.	53 State Street, Boston	1914
Rev. Robert G. Metters	.	.	.	220 Marlborough Street, Boston	1948
Patrick A. O'Connell*	.	.	.	154 Tremont Street, Boston	1934
William A. Parker	.	.	.	1 Court Street, Boston	1935
Henry W. Porter	.	.	.	74 Foley Street, Somerville	1945
Edwin H. B. Pratt*	.	.	.	Westfield Street, Dedham	1948
Mrs. Sullivan A. Sargent	.	.	.	701 South Street, Needham	1945
Walter H. Trumbull	.	.	.	Weston, Massachusetts	1929
Frederic Winthrop	.	.	.	Hamilton, Massachusetts	1943

* appointed by the Commonwealth

Corporation

(in addition to Managers)

Honorable Leverett Saltonstall	3221 Woodland Drive, Washington, D. C.
William S. Ballard	45 Milk Street, Boston
Robert F. Bradford	106 Coolidge Hill Road, Cambridge
Mrs. John W. Farley	898 South Street, Needham
Nathaniel Faxon, M.D.	Fruit Street, Boston
Thomas H. Hoare	6 Beacon Street, Boston
Robert H. Hopkins	254 Riverway, Boston
William F. Keesler, Jr.	69 Homestead Street, Newton
Walter B. Lancaster, M.D.	530 Commonwealth Avenue, Boston
Arthur T. Lyman	Westwood, Massachusetts
August R. Meyer	121 Clifton Street, Belmont
Harris P. Mosher, M.D.	127 Front Street, Marblehead
Miss Amelia Peabody	120 Commonwealth Avenue, Boston
Huston Rawls	84 State Street, Boston
Frederic H. Verhoeff, M.D.	395 Commonwealth Avenue, Boston
D. Harold Walker, M.D.	5 Bay State Road, Boston

Executive Committee: Mr. Meyer, Mr. Frost, Mr. Claflin, Mr. Porter

Finance Committee: Mr. Meyer, Mr. Frost, Mr. Parker

Social Service Advisory Committee: Mr. Porter, *Chairman*; Mrs. Peabody, Mrs. Soule; Paul A. Chandler, M.D.; Moses H. Lurie, M.D.; Mr. Howe.

Public Relations Advisory Committee: Mr. Porter, *Chairman*; Mrs. Farley; David G. Cogan, M.D.; Parker Heath, M.D.

House Committee: Mrs. Farley, *Chairman*; Mrs. Scott; Mr. Claflin; Burton E. Lovesey, M.D.; Harry E. Braconier, M.D.

Ladies Visiting Committee

<i>Chairman</i>	Mrs. Sullivan A. Sargent
<i>Vice-Chairman</i>	Mrs. Harold Peabody
<i>Secretary</i>	Mrs. Franklin A. Reece
<i>Treasurer</i>	Mrs. William B. Snow

Mrs. Arlie V. Bock	Mrs. George F. Hall	Mrs. Arthur L. Richmond
Mrs. John Bryant	Mrs. Samuel S. Hall, Jr.	Mrs. Edward J. R. Ropes
Mrs. Harry P. Cahill	Mrs. Harold L. Higgins	Mrs. Ernest Sargent
Mrs. Moses F. Carr	Mrs. Arnold Houghton	Mrs. LeRoy A. Schall
Mrs. Francis Carter	Mrs. Francis T. Hunter	Mrs. Henry R. Scott
Mrs. Nathaniel D. Clapp	Mrs. Edmund J. B. Huntoon	Mrs. Reginald H. Smithwick
Mrs. Henry E. W. Cunningham	Mrs. Charles I. Johnson	Mrs. Leslie Soule
Mrs. Richard C. Curtis	Mrs. Varaztad H. Kazanjian	Mrs. Channing Swan
Mrs. John Cutter	Mrs. Henry Loomis	Mrs. Thomas C. Thacher, Jr.
Mrs. Livingston Davis	Mrs. Andrew Mason	Mrs. John E. Thayer
Mrs. Weld Douglass	Mrs. William W. McCarthy	Mrs. Benjamin A. G. Thorndike
Mrs. Edwin B. Dunphy	Mrs. Henry D. Minot	Mrs. Robert Truesdale
Mrs. Henry Erhard	Mrs. Henry W. Minot	Mrs. F. H. Verhoeff
Mrs. John W. Farley	Mrs. Noel Morss	Mrs. Roy R. Wheeler
Mrs. Henry H. Fay	Mrs. Harris P. Mosher	Mrs. Gordon K. White
Mrs. Reginald Foster	Mrs. Alfred Peabody	Mrs. Albert B. Williams
Mrs. Trygve Gundersen	Mrs. John R. Richardson	Mrs. John I. Wylde

Executive Officers

Director — Nathaniel W. Faxon, M.D.

<i>Assistant Director</i>	Francis S. Hill
<i>Assistant to the Director</i>	Annie M. Robertson, R.N.
<i>Chief of Ophthalmology</i>	Edwin B. Dunphy, M.D.
<i>Chief of Otology and Laryngology</i>	LeRoy A. Schall, M.D.
<i>Superintendent, Nursing Service and Training School</i>	Dorothy M. Tarbox, R.N.
<i>Administrative Assistants, In Charge of Admitting Office</i>	Ruth M. Hutchinson, R.N. Walborg L. Peterson, R.N. Henrietta Olsen, R.N.

Heads of Departments

ACCOUNTING	George S. Watts
DIETARY	Alberta Caton
HOUSEKEEPING	Alice Sidley
MAINTENANCE	Raymond V. Kinsman
MEDICAL RECORDS	E. Louise Seymour, R.R.L.
MEDICAL SOCIAL SERVICE	Eunice W. Wilson, B.S.
OCCUPATIONAL THERAPY	Deborah M. Hutchinson
OPTICAL SHOP	Albert E. Maver
PERSONNEL	Lois D. McCoy
PHARMACY	John Murphy
PUBLIC RELATIONS	Virginia Gerould
PURCHASING	Allen H. Mathewson
STORE	Gerald E. Rousseau

Department of Ophthalmology

Chief of Ophthalmology

Edwin B. Dunphy, M.D.

Consulting Chief of Ophthalmology

Frederick H. Verhoeff, M.D.

Surgeons in Ophthalmology

Benjamin Sachs, M.D.

Paul A. Chandler, M.D.

William P. Beetham, M.D.

Virgil G. Casten, M.D.

Trygve Gundersen, M.D.

Merrill J. King, M.D.

Director of Pathology Laboratory

Parker Heath, M.D.

Associate Surgeons in Ophthalmology

Ralph H. Ruggles, M.D.

David G. Cogan, M.D.

Brendan D. Leahey, M.D.

Assistant Surgeons in Ophthalmology

Thomas Cavanaugh, M.D.

A. William Collinson, M.D.

Edward E. Covitz, M.D.

Hugh C. Donahue, M.D.

Mahlon T. Easton, M.D.

Herman P. Grossman, M.D.

Paul G. Haire, M.D.

Carl C. Johnson, M.D.

S. Forrest Martin, M.D.

Harry K. Messenger, M.D.

Earl S. Seale, M.D.

Albert E. Sloane, M.D.

H. Frederick Stephens, M.D.

Garrett L. Sullivan, M.D.

Senior Clinical Assistants in Ophthalmology

Harry E. Braconier, M.D.

Julian F. Chisholm, Jr., M.D.

Joseph M. Clough, M.D.

W. Morton Grant, M.D.

Linley C. Happ, M.D.

Sumner D. Liebman, M.D.

Joseph Lo-Presti, M.D.

Charles M. MacLaughlin, M.D.

Henry A. Mosher, M.D.

Abraham Pollen, M.D.

Ellen Regan, M.D.

Karl Riemer, M.D.

Paul M. Runge, M.D.

Linus A. Sheehan, M.D.

Francis J. West, M.D.

Clinical Assistants in Ophthalmology

William F. Donoghue, M.D.

Lloyd J. Duest, M.D.

Arthur M. Morrissey, M.D.

Bertha Offenbach, M.D.

Daniel J. Reagan, M.D.

Residents in Ophthalmology

Henry F. Allen, M.D.

Frederic Breed, M.D.

Thomas P. Cronin, M.D.

Warren C. Haley, M.D.

Alfred Kant, M.D.

Richard B. Pippitt, M.D.

Mayo J. Poppen, M.D.

David H. Scott, M.D.

William L. Smith, M.D.

William Stone, Jr., M.D.

Marshall W. Woodard, M.D.

CONSULTING SURGEONS IN OPHTHALMOLOGY

Walter B. Lancaster, M.D.

Peter H. Thompson, M.D.

Samuel J. McDonald, M.D.

Hugo B. C. Riemer, M.D.

J. Herbert Waite, M.D.

Edmund W. Clap, M.D.

Samuel H. Wilkins, M.D.

Fred S. Thorne, M.D.

Department of Oto-Laryngology

Chief of Otology and Laryngology
LeRoy A. Schall, M.D.

Surgeons in Oto-Laryngology

Philip E. Meltzer, M.D.
Moses H. Lurie, M.D.
Robert L. Goodale, M.D.

Francis L. Weille, M.D.
Philip Mysel, M.D.
Charles I. Johnson, M.D.

Maurice G. Evans, M.D.

Surgeon for Bronchoscopy and Esophagoscopy
Lyman S. Richards, M.D.

Surgeon for Tumor Clinic
Carl H. Ernlund, M.D.

Associate Surgeons in Oto-Laryngology

John R. Richardson, M.D.
Charles H. Allman, M.D.
Vincent J. Kelley, M.D.

Walter J. E. Carroll, M.D.
John R. Frazee, M.D.
Joseph Lentine, M.D.

Burton E. Lovesey, M.D.

Surgeon for Plastic Operations
Edgar M. Holmes, M.D.

Assistant Surgeons in Oto-Laryngology

Elizabeth DeBlois, M.D.
J. Charles Drooker, M.D.
Donald K. Lewis, M.D.
Werner Mueller, M.D.

George Kelemen, M.D.
Josiah E. Quincy, M.D.
Herman J. Sternstein, M.D.
Daniel Miller, M.D.

Clinical Assistants in Oto-Laryngology

Calvin M. Cerrato, M.D.
Kenneth Kazanjian, M.D.
Charles Kent, M.D.
Edward F. Lawlor, M.D.
Joseph P. McEneaney, M.D.

Aram Roopenian, M.D.
Frank R. Shlossberg, M.D.
Rudolph E. Swenson, M.D.
Richard C. Webster, Jr., M.D.
Bernard Zonderman, M.D.

Maurice Ruben, M.D.

Clinical Assistant for Bronchoscopy and Esophagoscopy
Edward B. Benedict, M.D.

Residents in Oto-Laryngology

David W. Brewer, M.D.
Herbert J. Dietrich, M.D.
Albert K. T. Ho, M.D.
Charles S. Lane, M.D.
Roland Lavoie, M.D.

Luis Navas, M.D.
John E. McKeigue, M.D.
J. H. Tom Rambo, M.D.
James M. Sams, M.D.
Morris Sherman, M.D.

CONSULTING SURGEONS IN OTO-LARYNGOLOGY

Frederick L. Jack, M.D.
Joseph L. Goodale, M.D.
D. Harold Walker, M.D.
Frederick E. Garland, M.D.
Frederick L. Bogan, M.D.
Harry A. Barnes, M.D.

Harris P. Mosher, M.D.
Leon E. White, M.D.
George H. Poirier, M.D.
Edwards Herman, M.D.
Varaztad H. Kazanjian, M.D.
Harold H. Tobey, M.D.

Gustave B. Fred, M.D.

Anesthetist

Henry K. Beecher, M.D.

Assistant Anesthetist

John H. Tucci, M.D.

Roentgenologist

A. S. Macmillan, M.D.

Consulting Pathologist

Tracy B. Mallory, M.D.

Consulting Physicians

James H. Means, M.D.
F. Dennette Adams, M.D.
Fuller Albright, M.D.
Joseph C. Aub, M.D.
Walter Bauer, M.D.
Chester M. Jones, M.D.
Donald S. King, M.D.
Wyman Richardson, M.D.
Myles P. Baker, M.D.
Edward F. Bland, M.D.
Earle M. Chapman, M.D.
Greene Fitz-Hugh, M.D.
Maurice Fremont-Smith, M.D.
Francis T. Hunter, M.D.
Alfred Kranes, M.D.
Jacob Lerman, M.D.
Robert S. Palmer, M.D.
Helen S. Pittman, M.D.
Marion W. Ropes, M.D.
Charles L. Short, M.D.
David D. Rutstein, M.D.
Dwight L. Siscoe, M.D.
Howard B. Sprague, M.D.

James H. Townsend, M.D.
Conger Williams, M.D.
Allen G. Brailey, M.D.
Walter S. Burrage, M.D.
John W. Cass, Jr., M.D.
Richard J. Clark, M.D.
Milton H. Clifford, M.D.
Briant L. Decker, M.D.
John H. Fay, M.D.
Reed Harwood, M.D.
William R. Hill, M.D.
Howard B. Jackson, M.D.
Bernard M. Jacobson, M.D.
Dana L. Farnsworth, M.D.
T. Duckett Jones, M.D.
Richard B. King, M.D.
Sylvester McGinn, M.D.
John P. Monks, M.D.
Milton J. Quinn, M.D.
George P. Sturgis, M.D.
Roy R. Wheeler, M.D.
John W. Zeller, M.D.
Paul C. M. Zamecnik, M.D.

Consulting Dermatologists

Chester N. Frazier, M.D.
G. Marshall Crawford, M.D.
Jacob H. Swartz, M.D.
John Adams, Jr., M.D.

Mildred Ryan, M.D.
Maurice M. Tolman, M.D.
William R. Hill, Jr., M.D.
Walter F. Lever, M.D.

Consulting Neurologists

Charles S. Kubik, M.D.
Henry R. Viets, M.D.
G. Colket Caner, M.D.

Madelaine R. Brown, M.D.
Edwin M. Cole, M.D.
Augustus S. Rose, M.D.

Robert S. Schwab, M.D.

Consulting Psychiatrists

Stanley Cobb, M.D.
Jacob E. Finesinger, M.D.
Erich Lindemann, M.D.
L. Raymond Morrison, M.D.

Herbert Barry, Jr., M.D.
R. Barry Bigelow, M.D.
Vernon P. Williams, M.D.
Alfred O. Ludwig, M.D.

Lucie J. Jessner, M.D.

Consulting Pediatricians

Allan M. Butler, M.D.
Joseph Garland, M.D.
Arthur Bates Lyon, M.D.
Eli C. Romberg, M.D.
Richard C. Tefft, Jr., M.D.
Francis C. McDonald, M.D.

Ralph A. Ross, M.D.
Nathan B. Talbot, M.D.
William J. Turtle, M.D.
Gertrud C. Reyersbach, M.D.
Leo B. Burgin, M.D.
Ralph W. Daffinee, M.D.

Consulting Surgeons

Edward D. Churchill, M.D.
Leland S. McKittrick, M.D.
Ernest M. Daland, M.D.
Robert R. Linton, M.D.
Horatio Rogers, M.D.
Richard H. Sweet, M.D.
Oliver Cope, M.D.
Grantley W. Taylor, M.D.
E. Parker Hayden, M.D.
Henry H. Faxon, M.D.
Marshall K. Bartlett, M.D.
Ira T. Nathanson, M.D.

Richard H. Wallace, M.D.
Claude E. Welch, M.D.
Bradford Cannon, M.D.
Lemar Soutter, M.D.
Gordon A. Donaldson, M.D.
Ward I. Gregg, M.D.
Edward Hamlin, Jr., M.D.
Fiorindo A. Simeone, M.D.
Fred A. Simmons, Jr., M.D.
Somers H. Sturgis, M.D.
Richard Warren, M.D.
Howard Ulfelder, M.D.

Consulting Neurosurgeons

James C. White, M.D.

William H. Sweet, M.D.

Consulting Orthopedists

Joseph S. Barr
Armin Klein, M.D.
William A. Rogers, M.D.
Edwin F. Cave, M.D.

Paul L. Norton, M.D.
Otto E. Aufranc, M.D.
Robert J. Joplin, M.D.
Carroll B. Larson, M.D.

John A. Reidy, M.D.

Consulting Urologists

Fletcher H. Colby, M.D.
Richard Chute, M.D.

Sylvester B. Kelley, M.D.
Wyland F. Leadbetter, Jr., M.D.

Howard I. Suby, M.D.

Consulting Pathologists

Tracy B. Mallory, M.D.
Francis T. Hunter, M.D.
Wyman Richardson, M.D.
Charles S. Kubik, M.D.

Benjamin Castleman, M.D.
Donald C. Sniffen, M.D.
David G. Freiman, M.D.
Austin L. Vickery, Jr., M.D.

Consulting Radiologists

Laurence L. Robbins, M.D.
Milford D. Schulz, M.D.

Stanley M. Wyman, M.D.
James J. McCort, M.D.

Joseph Hanelin, M.D.

Consulting Endoscopist

Edward B. Benedict, M.D.

Consultant in Contagious Disease

Edwin H. Place, M.D.

Consulting Bacteriologist

Louis Dienes, M.D.

Consultant in Preventive Medicine

John E. Gordon, M.D.

Consultant in Pharmacology

Otto Kraye, M.D.

Out-Patient Department

Assistant Director — Joseph S. Lichty, M.D.

Supervisor — Margaret Meenan, R.N.

EYE CLINIC

Aniseikonic Section
Glaucoma Section
Orthoptic Section
Perimetry Room
Refraction Room

EAR, NOSE AND THROAT CLINIC

Hearing Test Room
Consultation: Tumor Clinic
Allergy Clinic
Plastic Clinic

Winthrop Foundation and Service for the Deaf

CLINICAL RESEARCH

REHABILITATION

Surgeon in Charge

Philip E. Meltzer, M.D.

Assistant Surgeon

Donald K. Lewis, M.D.

Executive Committee

D. Harold Walker, M.D., *Chairman*

LeRoy A. Schall, M.D.

Harold G. Tobey, M.D.

Moses H. Lurie, M.D.

Philip E. Meltzer, M.D.

Howe Laboratory of Ophthalmology

Director

David G. Cogan, M.D.

Staff

V. Everett Kinsey, Ph.D.

Elek J. Ludvig, Ph.D.

W. Morton Grant, M.D.

Charles W. Dyson, M.D.

Frederic C. Merriam, A.M.

Charles L. Schepens, M.D.

Robert R. Trotter, M.D.

Ernst Barany, M.D.

Pierre Danis, M.D.

The Boston Eye Bank — Serving New England

Executive Committee

Edwin B. Dunphy, M.D.

Henry Hixon Meyer

Mrs. B. Devereaux Barker, Jr.

William S. Ballard

Brendan D. Leahey, M.D.

General Director: Garrett L. Sullivan, M.D.

Executive Secretary: Miss Olive M. Crowley

Report for the Board of Managers

THE reports that follow chronicle the history of the Infirmary during the year 1948 and point up many of its problems and needs, but fail, as I must, to give an adequate picture of the spirit and enthusiasm which pervaded the staff, the employees and the volunteers. They worked as a team in the care of patients, rich and poor alike, and in teaching, research and all the other activities which affect the Hospital. And beyond that, they spread cheer and comfort to the patients.

I have attempted during the year to sample the knowledge of the community concerning voluntary hospitals, the nature of their work and their problems, financial and otherwise. To that end I have talked with many people, have attended several legislative hearings, and have read a considerable amount of proposed legislations and news reports on hospital affairs. I am convinced that only a very, very few know anything about the voluntary hospitals and that a very large proportion of the community have a great deal of dangerous misinformation.

DANGEROUS MISINFORMATION

Time after time I heard it said that hospitals were operated by the doctors for their own profit, that the financial benefit received by the voluntary hospitals from exemption of real estate taxes amounts to more than the free care which they render, that the income from their endowment funds vastly exceeds the free care rendered, that their rates are exorbitant and, of course, that they are operated inefficiently, in a high-handed manner and without sufficient regard for the sensibilities of the patients and their families.

The time has certainly come to combat misinformation of this nature aggressively by joint action of every voluntary hospital in the state, and by their staffs, by the Massachusetts Hospital Association, the Massachusetts Medical Society and the Blue Cross. At the same time an attempt must be made to overcome the fear so many people still feel towards hospitals.

Since the last Annual Report, the Infirmary has lost one of its oldest friends, Mr. Charles P. Curtis, who served on the Board of Managers from 1893 to 1895 and again from 1907 until his death in 1948, 43 years in all. He had by his long and active interest acquired the esteem and affection of all the staff.

ENLARGED CORPORATION

During 1948 the Corporation was enlarged by the election of nine new members; Dr. Nathaniel W. Faxon, Mr. Thomas H. Hoare, Mr. Robert H. Hopkins, Mr. William F. Keesler, Jr., Mr. Arthur W. Lyman, Mr. August R. Meyer, Miss Amelia Peabody, Mr. Edwin H. B. Pratt, and Mr. Huston Rawls.

Dr. Faxon has been the Director of the Infirmary since 1935. He will retire from that position this year, but will continue to be a member of the Corporation and active in its affairs. I cannot speak too highly of his work for the Infirmary, particularly during the War and the troublesome years since. The plans for the renovation and enlargement of the Infirmary, which are now in the final stages, have been developed under his competent supervision, and I know that we can count on his help and assistance until the work has been completed.

Last spring the Infirmary undertook a campaign to raise \$500,000 towards the cost of the proposed renovations and enlargement. A little less than one-half of the goal was attained during 1948. The fund raising is continuing this year. Its success is of the most vital importance to the country as well as to the community, for without improved and enlarged facilities, the doctors who come to the Infirmary from far and wide for training cannot be adequately prepared in its specialties, and the country is in dire need of many more of these specialists.

HENRY HIXON MEYER,
President, Board of Managers

Ladies Visiting Committee

DURING the year 1948, we not only increased our membership to over fifty but also meetings have been well attended and the members have shown more interest in the Infirmary than ever before. Several work as volunteers, helping in the hospital admitting office or as Grey Ladies, and with Mrs. Gerould's assistance, it is hoped this group may be enlarged and its activities broadened. From these volunteers the Committee learns the needs of the hospital and also hears many incidents of interest.

Added interest was given to the Committee's regular meetings by such speakers as Mrs. Wilson who told of the work of the Social Service, Mrs. Hutchinson who spoke of her aims and plans for a broader occupational therapy program, and Miss McCarthy, head nurse in the Children's Ward who outlined her work and brought in some children to illustrate what was being done for them. Dr. Sullivan also gave us an account of the Boston Eye Bank and made the Committee proud of our part in starting this undertaking.

We have furnished pictures and new rugs to

finish the redecoration of the sitting room at the Nurses' Residence, which is now completed and much appreciated by those who live there. As usual, generous gifts have been made to the Infirmary by individual members such as the beautiful collection of children's books by Mrs. Curtis and the record player from Mrs. Foster, given to the Nursery this Christmas.

We have continued our donations of money to the Occupational Therapy Department, flowers for the front desk, magazines and papers for the nurses, and Thanksgiving and Christmas parties for the Infirmary. In addition, we have now taken on a yearly gift of \$125 to the Social Service Department.

Our largest gift of the year was the entire proceeds of last Spring's Rummage Sale, \$2500, which we gave to the Emergency Building Fund. This meant even greater efforts for the next April sale, to refill the treasury.

HELEN M. SARGENT,
Chairman, Ladies Visiting Committee

Report of the Treasurer

THE most strenuous efforts have been made to bring income in line with expenses; the hospital income of the past year exceeded that of the previous year by more than \$100,000 and is more than double the receipts of 10 years ago. The pressure of rising expenses continues unabated, however, and for the year 1948, the Infirmary operations resulted in an overall deficit of \$51,871.78.

As in previous years, a large part of the deficit is due to continued expenditures for necessary renovations and deferred maintenance, which the Board of Managers has considered essential to maintain the Hospital and its equipment according to the most modern standards. The deficit in 1948 and those of the previous 10 years have made serious

inroads on capital which would otherwise have been used for additional service to the community.

Through the generosity of many friends and supporters, the Building Fund is now an established fact, although it has thus far fallen short of the original goal. The Managers hope for further generous support in our effort to provide additional hospital facilities and extensive modernization of the operating rooms and equipment.

There are submitted herewith condensed statements of the assets and liabilities of the Infirmary and of its 1948 income and expenses, as prepared by our auditors, Messrs. Patterson, Teels and Dennis, together with an analysis of the investments of December 31, 1948 as prepared by the Treasurer.

HORACE W. FROST,
Treasurer

Gifts and Requests for 1948

THE Massachusetts Eye and Ear Infirmary is grateful for all gifts, large and small. We appreciate the thoughtful friends who send glasses no longer used . . . the group of faithful workers who make eye bandages . . . the many contributors, from the patient who leaves a few dollars for the Free Bed Fund . . . to the loyal supporters who give generously year after year.

Because of space limitations, only financial gifts of \$50 and over, given during the year 1948, will be listed in this Annual Report.

American Cancer Society, Massachusetts Division		Mary R. Joslin		75.00
Esophageal Voice Class	\$ 3,000.00	Ernest E. Wheeler		398.25
Social Service	850.00	Total		723.25
Total	3,850.00			
Boston Eye Bank		Dr. Goodale Patients Fund		
American Federation of Soroptimist Clubs	750.00	Charlotte Pierce		100.00
Stanley Lawton	100.00	Italian Memorial Fund		
Dr. John W. Cummin	100.00	Receipts, 1948—14 subscriptions		115.00
Mary E. Bradford Memorial Fund	61.25	Balance, December 31, 1948		12,019.65
Total	1,011.25	Orthoptic Fund		
Christmas Fund		Elizabeth H. Kidder		100.00
Estate Lotta B. Crabtree	100.00	Otosclerosis Fund		
Dean Fountation for Destitute Children		Baker Family Foundation		150.00
Joseph Morrill	200.00	T. B. Bacon, Jr.		100.00
Estate of Ethel H. Beebe	50,000.00	Total		250.00
Estate of Laurabel L. Gray	7,255.95	Permanent Charity Fund		
Estate of Jean N. Oliver	8,355.48	Social Service		750.00
Estate of Anne M. Raymond	7,836.39	General Fund		4,000.00
Estate of Elizabeth R. Stevens	123.40	Total		4,750.00
Estate of Porter W. Whitmarsh	1,774.39	Premature Baby Fund		
Eye Implant Fund		J. J. Galleshaw		150.00
American Optical Company	350.00	Retina Fund		
Kathryn S. Proctor	200.00	Mrs. Valentine Hollingsworth		500.00
Total	550.00	Social Service		
Eye Instrument Fund		H. P. Hood & Co.		215.00
Dr. Paul Chandler	100.00	Nelson Weeks Fund		
Free Bed Fund for Patients with Separated Retina				750.00
Ray Boardman Smith	175.00	Dr. Weille Fund		
Free Bed Fund		William S. Eaton		3,000.00
Mass. Charitable Fire Society	50.00	Anonymous		500.00
Lotta B. Crabtree	200.00	Maurice Binder		100.00
		Amelia Peabody		4,999.84
		Total		8,599.84

Income Account

FOR THE YEAR ENDED DECEMBER 31, 1948

HOSPITAL INCOME AS PER DIRECTOR'S REPORT		\$766,747.36
Less: Hospital operating expenses as per Director's report (after deducting provision of \$4,500 for deferred maintenance)	\$958,300.10	
Hospital operating expenses charged directly against Permanent Funds ..	32,749.72	
Deduct: Hospital operating expenses chargeable against Funds:	\$991,049.82	
Permanent Funds — Income	\$ 8,772.39	
Permanent Funds — Principal	23,977.33	
NET HOSPITAL EXPENSES		958,300.10
EXCESS OF HOSPITAL EXPENSES OVER INCOME		\$191,552.74
Income from investment securities, less income applicable to Restricted Funds not expended	\$102,513.43	
Receipts from Greater Boston Community Fund, Committee of the Permanent Charity Fund, Inc., Estates of Elisha V. Ashton, Ethel H. Beebe, Albert N. Blodgett, G. Gorham Peters, and Mary A. Coonahan (excluding contributions for special purposes)	42,570.46	
Transfer from Permanent Funds — Unexpended income	1,857.92	
	\$146,941.81	
Less: Treasurer's disbursements	7,260.85	139,680.96
EXCESS OF EXPENDITURES OVER INCOME ACCOUNT		\$ 51,871.78
OPERATING ANALYSIS	1948	1947
Income from Patients	\$912,165.77	\$785,463.77
Income from Other Sources	30,181.90	33,771.32
TOTAL GROSS HOSPITAL INCOME	\$942,347.67	\$819,235.09
Allowances to Patients for free care	\$120,760.49	\$105,867.90
Further deductions for bad debts	24,177.54	18,282.37
Allowances to Blue Cross and other agencies	30,662.28	32,333.13*
TOTAL FREE SERVICE	\$175,600.31	\$156,483.40
NET INCOME	\$766,747.36	\$662,751.69
Salaries and wages	\$490,070.15	\$431,583.13
Supplies and Expenses	248,129.59	222,891.45
Out-Patient Department Expenses	160,107.86	142,676.38
TOTAL OPERATING EXPENSES	\$898,307.60	\$797,150.96
Hospital Operating Deficit	\$131,560.24	\$134,399.27
Extraordinary Expenses	59,992.50	47,055.34†
TOTAL HOSPITAL DEFICIT	\$191,552.74	\$181,454.61

* Includes \$8,220.05 representing 10% deductions from remittances by Blue Cross which was paid during 1948, and credited to General Fund.

† Includes \$4,500 special allotment from Community Fund for extraordinary expenses which was not used until 1948.

Balance Sheet

DECEMBER 31, 1948

ASSETS:

Land and buildings, book value			\$ 491,741.99
Investments, book value:			
Securities:			
Building Fund	\$ 75,017.25		
Other Funds	2,368,431.28	\$2,443,448.53	
Interest in parcel of real estate		1.00	2,443,449.53
Cash on hand:			
Capital:			
Building Fund	\$ 61,268.61		
Other Funds	181,333.92	242,602.53	
Income		10,971.76	253,574.29
Accounts receivable:			
Patients (less reserve)		\$ 40,968.54	
Miscellaneous		11,313.23	52,281.77
Inventory of supplies, etc.			15,727.14
TOTAL ASSETS			<u>\$3,256,774.72</u>

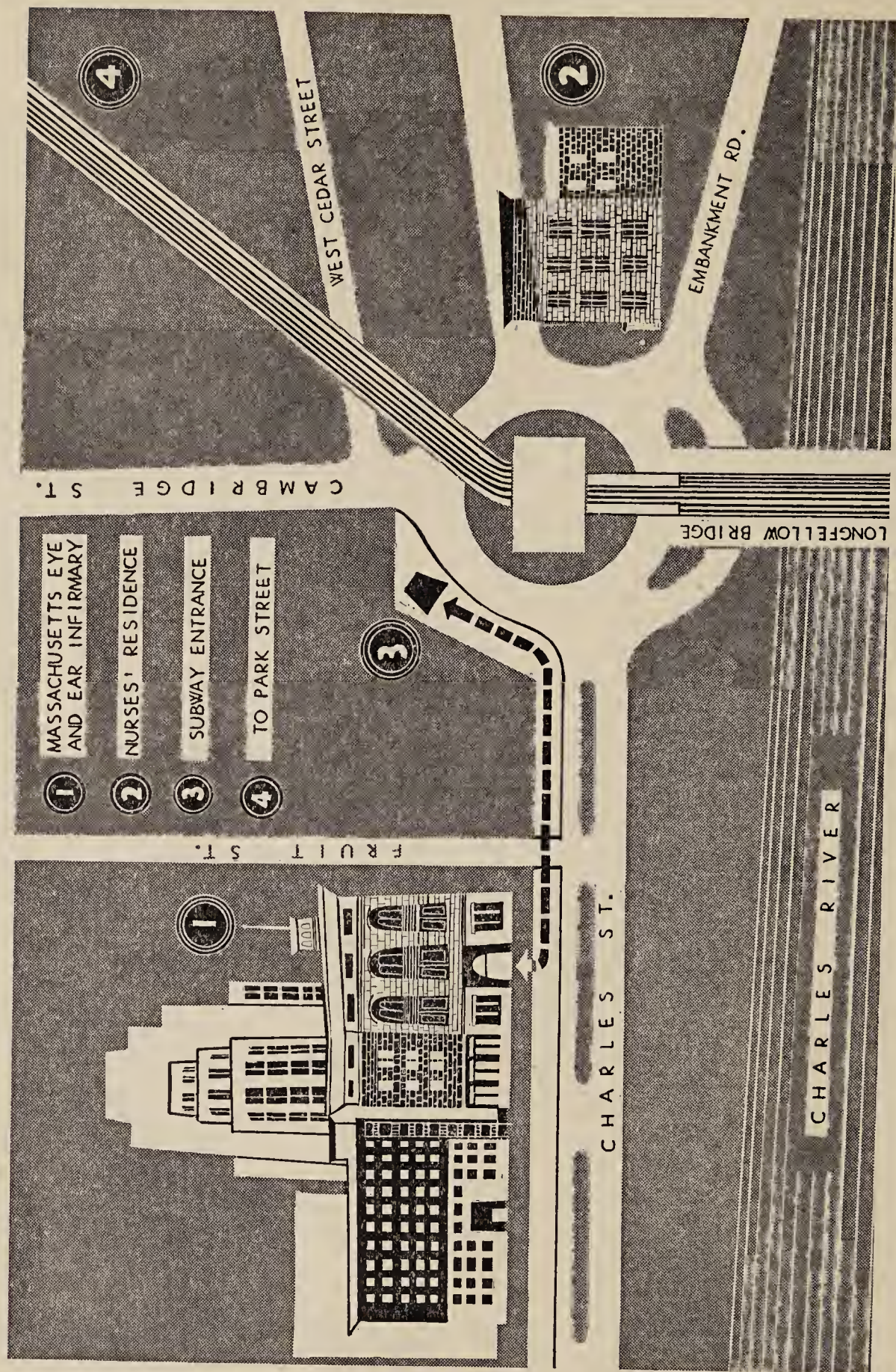
FUNDS AND LIABILITIES

Advances from patients	\$ 1,569.05
Accounts payable and accruals	28,377.15
General Fund	1,672,485.62
Permanent Funds — Income Restricted	457,508.50
Permanent Funds — Income Unrestricted	916,655.40
Building Fund — Income Restricted	136,285.86
Special Purpose Funds	32,921.38
Unexpended Restricted Income of Permanent Funds	10,971.76
TOTAL FUNDS AND LIABILITIES	<u>\$3,256,774.72</u>

Summary of Investments

(not including Building Fund)
AS OF DECEMBER 31, 1948

BONDS:	Book Value	Market Value	% Market Value
U. S. Government	\$ 458,566.00	\$ 450,780.00	17.7%
Canadian	19,172.00	20,800.00	.8%
Railroad	323,336.00	292,800.00	11.6%
Public Utility	90,180.00	85,000.00	8.4%
Industrial	86,271.00	84,660.00	3.3%
TOTAL BONDS	\$ 977,525.00	\$ 934,040.00	36.8%
PREFERRED STOCKS	\$ 175,646.00	\$ 174,600.00	6.9%
COMMON STOCKS:			
Railroad	\$ 122,577.00	\$ 130,900.00	5.2%
Public Utility	245,548.00	236,980.00	9.4%
Industrial	492,695.00	595,981.00	23.5%
Bank, Insurance and Miscellaneous	259,906.00	266,355.00	10.5%
	<u>\$1,120,726.00</u>	<u>\$1,230,216.00</u>	<u>48.6%</u>
WINTHROP FUND: (Securities and Cash)	\$ 88,396.00	\$ 78,504.00	3.1%
WEBER FUND: (Securities and Cash)	9,675.00	9,220.00	.4%
CASH: — Treasurer's General Fund	106,440.00	106,440.00	4.2%
	<u>\$2,478,408.00</u>	<u>\$2,533,020.00</u>	<u>100.0%</u>



Map showing the MASSACHUSETTS EYE AND EAR INFIRMARY'S excellent location, facing the river and easily accessible by car and subway.

Report of the Director

DESPITE the difficulties inherent in remodelling an old building, plans and specifications have now been completed for the long-awaited operating suites, the rearranging of the fourth floor and the building of the new fifth floor. Bids will be soon received and work can begin.

Although we have steadily considered this goal, many improvements in other parts of the hospital which were compatible with these major changes, have been accomplished. During the past three years both male wards and the female eye ward have been repainted and new floors and nurses' stations installed. New equipment in kitchens and utility rooms has been put on all floors. The Admitting Offices have been entirely remodelled. The Ear, Nose and Throat Clinic in the Out-Patient Department has been entirely rebuilt and new quarters provided for the Winthrop Foundation. These represent the major material gains but many other small improvements have also been made.

The appointment of Dr. Heath as Ophthalmological Pathologist, the development of the fenestration operation for otosclerosis, the Eye Bank, the research into the cause and control of retrolental fibroplasia, Dr. Stone's development of a new technique of artificial eyes, the work of the Howe and Mosher Laboratories, together with the continued high excellence of the two clinical services, represent the scientific advances.

The changes noted above have resulted in a reduction of the number of ward beds from 143 to 122, but there has been an increase from 42 to 50 in private beds by temporarily making several small wards into private rooms. Gardner beds have been reduced from 26 to 18. During the last ten years the following change in occupancy has taken place:

	<i>Patients Admitted</i>		<i>Out-Patient Visits</i>
	<i>Wards</i>	<i>Private</i>	
1938	5,737	1,596	100,465
1943	4,220	1,795	72,370
1948	4,089	2,521	74,195

The reason for the decrease in ward patients during the first five years may have been partly caused by the better control of infectious diseases through the use of sulphonamides, penicillin and biotics. The increase in private patients is undoubtedly due to better economic conditions and the Blue Cross

which enables patients to afford private care, while the Out-Patient Department drop is certainly due to the economic situation. The changes during this last five years are largely the result of the reduction or increase in beds.

A FAREWELL REPORT

This will be my last report as Director of the Infirmary. Looking back over these fourteen years, I appreciate that many changes have taken place. Both services now have full-time chiefs with offices in the hospital. Many physical improvements have been made and the long-awaited operating rooms and private floor are on the eve of attainment. Many advances in clinical and scientific fields have resulted from the able and conscientious work of the Staff. The laboratories, both clinical and research, are better and more active. The Infirmary, especially the Howe Laboratory, contributed much to the war effort.

The Infirmary continues to fill in a notable manner its function of caring for those with diseases of the eye, ear, nose and throat, teaching medical students, residents and nurses, striving to advance knowledge through research, and to set an example of practice. Its aims will always exceed its means to achieve, but the Managers, Staff and employees will never cease trying to fulfill its ideal.

To the Board of Managers, I express my thanks for their constant understanding, guidance and support. To Mrs. Sargent and the Ladies' Visiting Committee, my admiration for their continuing efforts for the benefit of the Infirmary. To the Staff, my esteem for their skill and devotion to their patients and to the Infirmary. To Mr. Francis Hill, Assistant Director, to the Admitting Executives, the

<i>Free Care %</i>	<i>Patient Days</i>	
	<i>Ward</i>	<i>Private</i>
39.5%	43,546	10,001
20.	36,791	11,329
25.2	35,143	14,141

Nursing Office, the nurses and all the faithful employees who have borne the burden of daily detail and care, my appreciation of their work.

NATHANIEL W. FAXON, M. D.
Director

Report of Assistant Director

THE Infirmary has just passed through another 12 months of spiralling prices which resulted in the largest expenditures for wages and supplies in the 125-year history of the hospital. The cost of caring for a ward patient for one day was \$13.23, — an increase of \$1.12 over the previous year and \$6.53 higher than the year 1941.

There were some encouraging factors, however. Although the total deficit was approximately \$52,000, all of this deficit resulted from the continued emphasis on replacing worn-out equipment and altering the various departments of the hospital. These projects totaled \$60,000.

There was no reduction in occupancy in the house and visits to the Out-Patient Department actually increased by 1,250. Furthermore, collections were good and free service did not increase as much as anticipated.

It would seem that we have not yet reached a point where the higher charges are materially affecting the percentage of free service.

FREE SERVICE

	OPD	House	Total in Dollars
1947	22.7%	10.4%	108,000
1948	25.2%	10.5%	137,000

A new contract was signed with the Blue Cross in May which reduced losses from this source materially. The ten percent withheld by Blue Cross from payments to hospitals in 1947 and the first few months of 1948 is now being paid back at a rapid rate, and there is every indication that larger benefits to hospitals and subscriber alike will be forthcoming in 1949.

As a direct result of the efforts of hospitals through the Massachusetts Hospital Association, the Industrial Accident Board is now paying the full cost of hospital care. To the Infirmary this will mean \$13.88 per patient day instead of approximately \$9.25 paid as recently as Nov. 30, 1948. Also state and local agencies have raised their payments from \$6 to \$8 a day. These changes will help materially in reducing the large allowances given by hospitals

each year to Public Welfare, Aid to Dependent Children and other agencies. We anticipate that this trend will continue until hospitals receive full cost of services rendered.

PERSONNEL

In spite of the continued difficulty in procuring an adequate number of nurses, we were able to avoid closing beds during the year except for a short time in the summer vacation period when we limited admissions to a minor extent on the private floor. We are still in a precarious position, however, with no definite prospect of improvement in the immediate future.

The employment situation in other departments, particularly in housekeeping and dietary, has improved materially. As a result of increased wages, we have been able to acquire a higher type of personnel in these departments which in turn has cut down absenteeism, turnover, and loss of time through accidents.

It is estimated that it costs a hospital \$80 to hire and train a new employee. Anything we can do to limit our turnover, therefore, is a major economy. Also there is material saving in loss of time and insurance premiums by a reduction in the accidents which are bound to occur in any institution. We are pleased to report that only \$75 was paid in compensation in 1948, compared to \$1,170 in 1947.

BUILDING PROGRAM UNDER WAY

Much time and effort has been spent since the last Annual Report in completing the final details of the plans for the new building program. There were many minor changes made during this period, but as Dr. Faxon reports the plans will be ready for bids shortly after the first of the year and construction should begin in the spring as soon as the weather permits.

Preliminary work has already started where possible. Two suites have been completed at the Nurses' Residence to release space formerly occupied

by administrative personnel on the fourth floor. Piping has been run in the ceiling of the admitting area to make ready for installations on the second floor, and the service elevator is now in the process of being raised to the new fifth floor.

Thanks to the generosity of the Trustees of the Massachusetts General Hospital, a floor has been provided in the Baker Memorial for the private patients of the Infirmary during the construction. In addition, a group of rooms in the out-patient department, to be used as operating rooms for ear, nose and throat ward patients has been made available. These arrangements will enable all phases of the construction to be undertaken simultaneously, thus eliminating the extra time, expense and inconvenience to patients which would result from the piecemeal plan of construction originally contemplated. By this time next year it is anticipated that the work will be completed and the new floor we have looked forward to for so long will be a reality.

Along with the new building plans, but not a part of them, the modernizing of the rest of the hospital continued during the year. The list of these improvements follows:

- Alterations to the Admitting Office
- Reconstruction of Winthrop Foundation quarters
- Renovation and new equipment in X-Ray Dept.
- New furniture and rewiring Nurses' Residence
- Remodeling elevators
- New sidewalk on Fruit and Charles Streets
- Stainless steel counters and cabinets for utility rooms
- Stainless steel counters and dish-warming cabinets in ward kitchens
- Renovation of Gardner Building
- New laundry extractor
- New ice cube machine

HOUSE COMMITTEE

In connection with the above renovations, the Board of Managers have reorganized the advisory House Committee on a more formal basis. The Committee is composed of a member of the Board of Managers and of the Ladies' Visiting Committee, a representative of the Eye Service and of the Ear, Nose, and Throat Service, and the Assistant Director. The purpose of the Committee is to inspect the hospital, make suggestions to the Director and, in general, to attempt to improve the service and comfort of patients wherever possible. Minutes

of the meetings are kept and periodical reports are made to the Executive Committee. With the enthusiasm and leadership of Mrs. John W. Farley, the Committee has been an asset to the Infirmary.

IMMEDIATE NEEDS AND PROBLEMS

Recently the City of Boston has installed parking meters on Charles Street in front of the hospital. The time for parking at these meters is limited to two hours. Although the Police Department has been lenient in honoring the Infirmary's parking stickers, it brings up a serious problem for our staff, particularly during the period they are on service in our Out-Patient Department clinics. Their time during this service is donated to the hospital. With only space to park fifteen cars at the Nurses' Residence, it is vital that some arrangement be made for unlimited parking in an area near the hospital. Efforts are being made to find a satisfactory solution to the problem which we hope will be forthcoming soon.

Although many physical improvements have been made at the Infirmary over the last four years, our buildings have been standing for nearly 50 years and there is still much to be accomplished. Our more pressing needs are the complete renovation and rearrangement of the bookkeeping and cashier's office; the remodelling of the front entrance to eliminate the present heavy doors; storage facilities for equipment and extra beds; a linen control room where linen can be sorted, counted and stored; and finally, additional office space for the administrative personnel where crowding seems to become more acute each year.

It is realized that some of these changes must wait until such time as space is released by consolidating our laundry with that of the Massachusetts General Hospital, but they are mentioned here as a matter of record.

Over a period of time many services which benefit the patient have been added and space for these activities has been made by consolidating the administrative facilities of the hospital. Typical examples of these recent additions are the Boston Eye Bank, the Separated Retina Service, and Esophageal Voice Classes. There is constant pressure to find suitable accommodations for these essential contributions to medical care.

FRANCIS S. HILL
Assistant Director

Department of Ophthalmology

THE YEAR 1948 was marked by continued demand for residency training in ophthalmology on the part of a great many young doctors. Permission was obtained from the Board of Managers to train eleven men instead of nine, as had been planned. In view of the scarcity of ophthalmologists in the country, the Infirmary is filling an important function in turning out as many well trained specialists as its facilities will allow.

The Infirmary also continues to play an important part in the five months Basic Science Course in Ophthalmology given by Harvard Medical School, as well as the teaching of third year medical students. These contributions to medical education should not be overlooked in evaluating the place of the Infirmary in the community.

In line with the above, there has been started this Fall a School of Orthoptics in cooperation with Simmons College. Young women at the College who wish to become orthoptic technicians will be allowed to take the major part of their senior year at the Infirmary where they will be instructed in the basic sciences pertaining to ophthalmology as well as the practical aspects of orthoptics gained by working with patients in the Orthoptic Clinic. Satisfactory completion of their studies leads to a B.S. degree at Simmons and the diploma in orthoptics. Three students are now under instruction. This program will, eventually, help fill the great demand for orthoptic technicians throughout the country.

Miss Kathleen Foreman resigned as Orthoptist on December 1st, and her place has been taken by Miss Ann Stromberg who comes to us highly recommended, from Baltimore.

EXPANDING SERVICES

There were 45,342 visits to the out-patient Eye Clinic during the year. This shows an increase of 789 over the preceding year. Miss Eunice Grant continues as Chief Nurse of the Eye Clinic.

The Refraction Department accounted for 9,140 refractions, 40% of these being done by house officers and 60% by paid refractionists. Dr. Albert Sloane is now assisted by Dr. Abraham Pollen who spends three half days supervising the work of this

department. Dr. Sloane continues to give weekly lectures to the resident staff. A number of these lectures were published in the *American Journal of Ophthalmology*.

A total of 1,690 field examinations were done in the perimetry room. Dr. Garrett Sullivan is now assisted by Dr. Francis West who spends two mornings a week in a supervisory capacity.

Other special workers in the out-patient department were Dr. Joseph Lo-Presti who performed 187 gonioscopic examinations during the year, and Dr. Mahlon T. Easton who tested 48 patients for aniseikonia.

The Boston Eye Bank, which is affiliated with the Eye Bank for Sight Restoration, Inc. of New York City, is increasing its sphere of activities, a total of 70 eyes having been received during the year. There are now 26 New England Hospitals cooperating in this program. Mrs. Eve Chenoweth resigned as Executive Secretary and her place has been taken by Miss Olive M. Crowley. Dr. Garrett Sullivan has been appointed Director, succeeding Dr. Dunphy who remains on the Executive Committee. Dr. Brendan Leahey has been elected to the Executive Committee. The Junior League of Boston has helped the Eye Bank tremendously, as has the Red Cross.

A Retina Service has been established to make possible an exhaustive study of cases of retinal detachment, in the hope that a higher percentage of successful results may be obtained. All Ward patients with this disease are placed on a special service which is under the direction of one of the surgeons, each one rotating every six months. Dr. Charles Schepens is a permanent member of the Service.

Many of our Staff have appeared as guest speakers before various scientific meetings. One of our residents, Dr. William Stone, Jr., received the bronze medal for his exhibit on plastic movable implants before the American Medical Association in Chicago in June.

EDWIN B. DUNPHY, M.D.,
Chief of Ophthalmology

Department of Oto-Laryngology

DURING the year 1948, an opportunity was afforded for the evaluation of the change in the Out-Patient Department making one out-patient Oto-Laryngological Clinic by combining the Ear Clinic with the Nose and Throat Clinic. The new consolidated Clinic may be said to have met the approval of the administration, the doctors, the nurses, but above all, the patients.

Through the generosity of Mr. Frederic Winthrop and Dr. Francis L. Weille, the old Ear Clinic space has been remodelled and air-conditioned for the use of the Winthrop Foundation for the Study of Deafness. This gives the Infirmary ideal quarters for the investigative work on the problems of the deaf. The generosity of the surgeons attached to the Winthrop Foundation in conducting this clinic as an experimental study is without precedent in otology.

Our remodelling of our out-patient clinic has stimulated other clinics in the Out-Patient Department to modernize, and the decorative schemes of the corridors are no longer the drab "hospital" yellow and gray.

The Infirmary has been handicapped by scattered laboratories and we have lacked centralization and have suffered from duplication. It is to be regretted that the plans of remodeling do not provide for consolidation of the laboratories.

During the war years, tissue work was done at the Massachusetts General Hospital and we greatly appreciate the wonderful service afforded the Infirmary by Dr. Tracy Mallory and his co-workers. But in spite of the excellent diagnostic service rendered to us, we suffered by this separation in our educational program to the residents, staff and students.

NEW PATHOLOGY PROGRAM

Pathology, during the past year, has come back home. Dr. Werner Mueller has been employed as Pathologist to the Department of Oto-Laryngology and the tissue work is carried on in the Mosher Laboratory. The residents are already becoming pathology conscious and are examining their biopsies microscopically. The Wednesday clinical conferences are opened by Dr. Mueller with a ten-

minute demonstration by micro-projection of histo-pathology slides, and the slides of pathological lesions are shown as part of the case record.

Dr. George Kelemen has completed a library of study slides of temporal bone pathology. As a result, 54 sets of slide boxes, each containing 100 slides of pathology of the temporal bone are now available for study and teaching.

During the year, the staff lost Dr. Calvin B. Faunce, Consulting Surgeon, by death. Dr. Faunce served the Infirmary faithfully and well for many years, rising through the ranks to the position of Surgeon. In 1933 he resigned and was appointed to the consulting staff.

STAFF APPOINTMENTS

Dr. Gustave B. Fred, a graduate of the Infirmary in 1925, tendered his resignation as Surgeon in Oto-Laryngology. His resignation was accepted with regret and he was appointed to the consulting staff. Dr. Maurice G. Evans, an Infirmary graduate of 1928, was promoted to Surgeon; Dr. Edgar M. Holmes, to Surgeon in charge of Plastic Operations; Dr. Burton E. Lovesey and Dr. Joseph Lentine to Associate Surgeons, and Dr. George Kelemen to Assistant Surgeon.

The staff continues to be in demand as lecturers for various post-graduate activities and as speakers at many of the national as well as the more local medical societies. A complete summary of these staff activities is given elsewhere in the Annual Report.

During the past year, Dr. Lyman G. Richards served as President of the American Laryngological, Rhinological and Otological Society, and Dr. Moses H. Lurie as President of the New England Oto-Laryngological Society. The past year also saw Dr. Frederick T. Hill (Oto-Laryngology 1916) elected Vice President of the American Laryngological Association, and Dr. Philip E. Meltzer (Oto-Laryngology 1919) elected Vice President of the American Otological Society.

LEROY A. SCHALL, M.D.

Chief of Otology and Laryngology

Comparative Statistics

HOSPITAL	1948	1947
Ward patients—Eye cases	1,959	1,877
Ear cases	} 2,130	2,047
Nose and Throat cases		
NUMBER OF PATIENTS ADMITTED TO WARDS	4,089	3,924
Private patients—Eye cases	1,308	1,252
Ear cases	} 1,213	1,183
Nose and Throat cases		
NUMBER OF PRIVATE PATIENTS	2,521	2,435
TOTAL PATIENTS ADMITTED	6,610	6,359
Operations, ward patients—Eye cases	2,075	2,015
Ear, Nose and Throat	2,145	2,083
Operations, private patients—Eye cases	815	1,055
Ear, Nose and Throat	1,058	806
TOTAL NUMBER OF OPERATIONS	6,093	5,959
OUT-PATIENT DEPARTMENT		
Out-Patient—Eye Clinic—new patients	5,871	5,474
Ear, Nose and Throat Clinic—new patients	4,396	3,711
TOTAL OUT-PATIENT NEW PATIENTS	10,267	9,185
Out-Patient—Eye Clinic—revisits	39,471	39,079
Ear, Nose and Throat Clinic—revisits	24,457	24,681
TOTAL OUT-PATIENT REVISITS	63,928	63,760
Out-Patient—Eye Clinic visits	45,342	44,553
Ear, Nose and Throat Clinic visits	28,853	28,392
TOTAL OUT-PATIENT CLINICAL VISITS	74,195	72,945
Out-Patient, Operations—Eye cases	771	758
Ear, Nose and Throat cases	409	517
TOTAL OUT-PATIENT OPERATIONS	1,180	1,275
Emergency patients admitted to hospital	363	350
PATIENTS ADMITTED TO EMERGENCY WARD	5,080	5,467

Comparative Statistics

	1948	1947
Patient days care—Wards	35,143	33,737
Private	14,141	14,412
TOTAL PATIENT DAYS CARE	49,284	48,149
Average number of patients treated daily—Wards	96.	92.
Private	39.	39.
TOTAL AVERAGE NUMBER PATIENTS TREATED DAILY	135.	131.
Average number of days patients remained—Wards	8+	8+
Private	5+	5+
Beds available and percent of occupancy—Wards	123 70%	122 67%
Isolation	18 53%	18 55%
Private	50 79%	50 80%
TOTAL BEDS AVAILABLE	191	190
Per capita cost per day—Wards, routine care	\$ 9.96	\$ 9.08
Wards, special services	3.27	3.03
TOTAL COST PER DAY PER WARD PATIENT	\$13.23	\$12.11
Per capita cost per day—Private, routine care	\$ 9.11	\$ 8.07
Private, special services	3.10	2.39
TOTAL COST PER DAY PER PRIVATE PATIENT	\$12.21	\$10.46

CONDITION OF WARD PATIENTS ON DISCHARGE:

Died	10	19
Autopsies	50%	52%
Against advice	6	16
Discharged	4,112	3,789

WARD PATIENTS' DAYS TREATMENT:

Reckoned from discharge payments:			
Paying patients	20,097	59%	23,292 69%
Part paying patients	9,217	27%	4,066 13%
Free patients	5,018	14%	5,962 18%
Percentage of free care*—House	14.8%		13%
House	10.5%		10%
Out-Patient	25.2%		23%
TOTAL FREE CARE *			

*Compiled on dollar value, not including Blue Cross.

14.8%	13%
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X-Ray Department

A DETAILED report of the activities of the X-Ray Department has never before been set down in these annual reports. Over the years there have been many changes in the location of the department, its personnel and equipment.

The present radiologist has been in charge since 1919. The X-Ray Department has been on the first floor of the Infirmary for the past twenty years. In most other Boston hospitals, the X-Ray departments started in the basement and gradually trekked upward. At the Eye and Ear Infirmary the Department started on the top floor and worked down to the first floor, where it is available to the Out-Patient Department as well as the wards of the hospital.

Until this year, the fluoroscopic machine donated to the Infirmary by Mrs. Harris P. Mosher, has been in use ever since we moved down to the first floor. It was the donation of this machine that made possible the establishment of the Esophageal Clinic in the X-Ray Department. Dr. Mosher did extensive research on the esophagus by aid of the fluoroscope and he perfected a pneumatic dilator which he used so successfully in stretching the lower end of the esophagus. The biplane fluoroscope greatly advanced the ease with which opaque foreign bodies in food and air passages can be visualized and subsequently removed.

SIGNIFICANT CHANGES

Chemotherapy has brought many changes in the activities of the X-Ray Department of a nose and throat hospital. Certain infections must be followed carefully by repeated X-Ray examinations in order to follow the course of the disease. By this information to the surgeon, it has been possible to arrest the development and affect the cure of infections that were once regarded as fatal or left their victims with great damage to the brain; conditions such as petrositis secondary to mastoid infection, or osteomyelitis of the skull secondary to frontal sinus infection. The result of the operations necessary for the treatment of these conditions often left the patient with disfigurement of the facial contours.

The use of the X-Ray is of great value in the diagnosis of sinusitis and mastoiditis and the otologist finds this of great value in establishing a diagnosis of these conditions. It may only be one factor in confirming the diagnosis but it may also be the only factor in establishing the correct diagnosis.

The ophthalmological side of the hospital utilizes the X-Ray Department in assisting in the determination of causes of exophthalmus such as mucocele and osteomyelitis and the other causes, of which the literature enumerates about thirty. However, our most important function and frequent use is in the localization of foreign bodies in the eye. Here accuracy is paramount. The one thing the X-Ray has to offer is exact localization of the foreign bodies in three planes. The Department is always gratified to learn that the foreign body has been found exactly where they located it.

NEW EQUIPMENT

This year the hospital has provided the Department with new equipment and the rearrangement of space has greatly improved the Department's efficiency. The new equipment cost about \$20,000 but the new fluoroscope gives much finer detail and allows interpretations that previously were not possible. It also allows the investigation of further parts of the patient's body and so eliminates the necessity of reference of the Infirmary patients to the Massachusetts General Hospital X-Ray Department.

The process of installation of the new equipment curbed our activities for several months but the quality of the work and the service to the rest of the hospital did not suffer too much. Miss LeDoux carried things through under what appeared to be insurmountable obstacles and her resignation as of August 1, 1949, to be married, will leave a vacancy difficult to fill.

TEACHING FACILITIES

Many lectures have been given and papers written. During the years, the radiologist has been asked to give courses under the auspices of various national medical societies. His invitations to give instruction sessions at both the Academy meetings and at meetings of the American Roentgen Ray Society have been a reflection of the prestige of the Massachusetts Eye and Ear Infirmary.

In the last three years instruction has been given to the members of the greatly expanded post-graduate courses in Oto-Laryngology and Ophthalmology. Besides this, the Department has contributed to the

instruction of undergraduate students, and residents in radiology and otolaryngology at the special and general hospitals of the city.

We have welcomed many visitors from other parts of this country and from foreign countries who know of the Infirmary and its work.

The cooperation of the Staff who have acknowledged their confidence and constantly sought our help is hereby acknowledged. It is their cooperation in showing us clinical findings, and their critical reception of our findings that keeps this department constantly on the alert.

Thymus	699
Mastoids	1,237
Sinuses	2,272
Teeth	236
Foreign Body of the Eye	231
Chest	745
Esophagus	241
Skull	172
Jaws	58
Nose	106
Rx	156
Lipoidol Injection	30
Neck	272
Miscellaneous	210
Petrous	54
Optic Canals	24
Long Bones	9
Abdomen	52
<hr/>	
Number of Examinations	6,804
Number of Patients	5,958
<i>Bouginage</i>	
Number of Treatments	324
Number of Patients	59
TOTAL	7,128
TOTAL NUMBER OF PATIENTS	6,017

A. S. MACMILLAN, M.D.
Roentgenologist.

Boston Eye Bank

DURING the year a total of seventy eyes were received by the Eye Bank. Of this number, thirteen were used in corneal transplants and fifty-seven were used in research. These figures emphasize the importance of the second aim of the Eye Bank, namely, that of providing eye tissue for research purposes. The demand for eye tissue for transplantation varies depending on the rate at which patients appear who are suitable candidates for that operation.

To date twenty-six hospitals are affiliated with the Boston Eye Bank program. During the year

1948, fifty percent of them failed to deliver any eye tissue. On the other hand, eye tissue has been received from a number of hospitals not affiliated with the Eye Bank. Letters have been sent to those failing to send eye tissue urging them to greater efforts. In addition invitations to become affiliated have been sent to ten major hospitals.

PUBLIC EDUCATIONAL ACTIVITIES

It is obvious that one of the important factors contributing to the success of the Eye Bank is getting the story across to the public, and every oppor-

tunity is taken to acquaint the public with the program. This is done by means of radio, human interest stories in newspapers, and talks before small private groups and organizations. The outstanding news item during the last six months of 1948 was that of the donation of the Head Porter whose death occurred in November—this story brought in a great many new donors.

The December issue of the *Junior League Bulletin* contained a reprint of the donor blank which could be torn out and mailed back to the Eye Bank. The membership of the League numbers 1600.

Slides for projection were made from photographs appearing in the May 23 issue of the *Providence Journal* in an article dealing with the Boston Eye Bank. It is hoped that this series of slides will provide a nucleus on which to build a larger and more complete collection, thus giving a pictorial view of the Eye Bank organization and operation of the program. These slides will be used in talks before various groups.

BOSTON JUNIOR LEAGUE

In April 1948, the Boston Junior League voted to adopt the Boston Eye Bank as one of its major projects. The League will raise money and provide volunteer workers to assist in the operation of the Eye Bank.

The two volunteers giving secretarial assistance four days a week are competent and faithful in reporting for duty as well as being enthusiastic about the work. During the latter part of November, one volunteer was ill for three weeks and the other worked an extra day so that the work could be kept up to date. This contribution saves the Eye Bank approximately \$1600 a year.

One volunteer has made charts and maps illustrating the areas in which the affiliated hospitals are located, the step by step procedure followed in recording the donation of eyes by individuals, and how the eye tissue is utilized by the eye surgeons performing the corneal transplant. This chart and map will be used in connection with speaking engagements before lay groups in explaining and promoting the program.

An important contribution by the League has been the purchase of a small refrigerator for storage of eye tissue. The price of the refrigerator—\$150, was realized from the sale of tickets for a series of lectures on the Friday afternoon Symphony Concerts. A second-hand clothes shop or bazaar called "The Bargain Box" is to be opened the early part

of 1949; at the present time a suitable locality is being sought. The proceeds from this venture will be contributed to the Boston Eye Bank.

TRANSPORTATION

Immediately following the adoption by the Junior League of the Eye Bank program, a volunteer motor corps of eight members was organized. This motor corps provides transportation of the eye tissue evenings and week ends and times when the Red Cross Motor Corps is not available. This provides "around-the-clock" transportation service.

The American Red Cross Motor Service and the Eastern and Northeast Airlines continue their enthusiastic cooperation. The addition of the Junior League Motor Corps evenings and week ends completes the cycle and so well organized is the procedure that no problems concerning transportation have arisen thus far.

DONORS AND PERSONNEL

There are two hundred and seventeen New England cities and towns represented in our file of approximately fifteen hundred donors.

Two additions to the Executive Committee were made in December 1948: Mrs. B. Devereaux Barker Jr., Chairman of the Boston Junior League Program Finding Committee, and Dr. Brendan Leahey, Assistant Surgeon on the Staff of the Massachusetts Eye and Ear Infirmary.

Dr. Garrett L. Sullivan was appointed General Director of the Boston Eye Bank in April. Mrs. Eve Chenoweth Cummings resigned as Executive Secretary in October and Miss Olive M. Crowley was appointed to replace her.

Two vacancies occurred on the Board of Sponsors during the past year — Rabbi Joshua Liebman died and the Reverend Donald A. McGowan was transferred to Washington.

RESEARCH

Up to the present time, the research program has not been emphasized. Naturally, the use of eye tissue for the corneal transplant has a greater appeal to the lay-minded and although obtaining eyes for this purpose remains the primary objective of the Eye Bank, it is felt that more should be said about the great value of research.

OLIVE M. CROWLEY,
Executive Secretary, Boston Eye Bank

Out-Patient Department

OPERATION during 1948 of the Infirmary's portion of the Out-Patient Department, conducted jointly with the Massachusetts General Hospital, showed little change from 1947. The Eye Clinic and the Ear, Nose, and Throat Clinic continued respectively the first and second clinics in patient attendance. Total Out-Patient attendance was 233,135, an increase of 1.7% over the previous year. Attendance in the Infirmary's Clinics showed this same insignificant increase. In 1943 total attendance was 235,708. 1948 marks the sixth successive year during which attendance has remained constant, fluctuating within a narrow range of 5%.

On January 1, the admission fee for each clinic visit was increased from \$1.50 to \$2 because of the operating loss in 1947. Along with this increase came the decision to charge the full rate to Boards of Public Welfare for services to the recipients of their assistance. By the end of the year all but a few cities and towns had accepted the increase. As is inevitable with an increase in rates, the demands for charitable allowances were greater. The 1947 figure for free service of 22% increased to 24% in 1948. Despite this increase, the cash receipts were still substantially higher.

CHANGES AND IMPROVEMENTS

Personnel changes in both clinics were few. In the Eye Clinic Dr. Francis J. West was added as an assistant to Dr. Garrett Sullivan in the direction of the Perimetry Room, and Dr. Abraham Pollen took a corresponding position to Dr. Albert E. Sloane in the Refraction Room. Miss Anne Stromberg replaced Miss Kathleen Foreman as orthoptic technician. The members of the visiting staffs of both clinics were regular and faithful in their attendance.

With respect to the Eye and the Ear, Nose, and Throat Clinics, there were no major changes in

physical facilities. However, there were several important improvements in portions of the Out-Patient Department which serve all Clinics. The Out-Patient Pharmacy was completely remodelled and re-equipped and incorporated into the Massachusetts General Hospital Pharmacy which has been relocated in the basement of the new Vincent-Burnham Building. The dispensing of medicines to out-patients has been improved and speeded.

The changes in the Pharmacy permitted enlargement of the Optical Shop which also obtained new equipment for manufacture and storage. The painting required by this reconstruction was extended to include the entire admitting area. Seldom has a redecoration project done so much to improve the morale of both patients and personnel and to evoke favorable comment from other parts of both institutions.

The foregoing improvement was the first step of a program to do over the entire building during the coming few years. The next phase, covering the first floor, amphitheatres, and stairways, started in December and should be completed by the spring of 1949.

Part of the Out-Patient Department's space in the connecting building was permanently transferred to other units of the Infirmary. A room of the Eye Clinic became the office of the Retina Service, and an alcove, a branch for photography of the Eye Pathology Laboratory. That part of the Ear, Nose, and Throat Clinic which had been the former Ear Clinic became the location of the Winthrop Foundation. Proximity of the Foundation to the Ear, Nose and Throat Clinic makes it convenient for the staff of the Foundation to care for the Clinic patients afflicted with deafness.

JOSEPH S. LICHTY, M.D.
Assistant Director, Out-Patient Dept.

Service Pin Awards

20-29 YEARS

Henrieta Olsen,
Administrative Assistant in charge of Admitting Office — 20 years.

Thelma Farmer,
Refractionist — 20 years.

Leah Cook,
Social Service Secretary — 20 years.

10-19 YEARS

John Garvy,
Porter — 10 years.

Nursing Department

1948 while still a difficult and trying year, did in the final analysis show more accomplishments than several preceding years. The completion of the new, long anticipated eye utility rooms on the men's ward and private floor, terminated the confusion of construction and changes that had been going on for some time.

Other than necessary replacements, nothing spectacular was added in the line of equipment for nursing with the exception of a new refrigerator which replaced an old and faithful gas one for Gardner Ward. Placed on Gardner III instead of Gardner II, this change facilitated nursing care to the patients by lessening the steps and making easier the work of the nursing and dietary departments.

A much needed dressing-room was achieved by converting the kitchen of Gardner II. This was a satisfaction to the nurses who had to change their uniforms so often while caring for the patients in the humidifying rooms of Gardner II, which have been in use almost constantly.

The cooling system which was installed in one of the humidifying rooms was a great improvement, for it eliminated trucking ice to the room and also the unsightly tubs used as containers for the ice. Another time saver was the installation on the second and third floors of telephone pay stations for the convenience of patients. This makes it no longer necessary for personnel to chaperone patients to the basement of the hospital to make their personal calls.

NURSING GROUP MORE STABLE

We were fortunate in having few changes in the head nursing group, although in Gardner Ward, the head nurse and assistant resigned to be married and were replaced by young graduates who had affiliated here. On several occasions we were able to secure capable evening nurses on the second and third floors. However, the unpopularity of this period of duty accounts for the frequent changes and lack of nurses for these hours.

The faithfulness and loyalty of the two private floor evening nurses, Mrs. Alice Wallace who has served continuously for six years and Mrs. Laura MacLauren for five years, is much appreciated. Recognition is also due the night staff who carried on so loyally during the year. Miss Elizabeth Ward, operating-room supervisor, directed her staff most

efficiently in spite of the several changes of head nurses in this department.

It is with satisfaction and pride that this report states no more extensive changes in our head nurse group than those already mentioned. With increasing demands, the responsibilities of the head nurses and their assistants have multiplied both from the nursing and the administrative angles.

STUDENT NURSES STILL DESPERATELY NEEDED

During the year many hours of thought and effort were given to increasing the number of our affiliating group for the two months course we offer in eye, ear, nose and throat nursing. However, due to the fact that all nursing schools are still struggling desperately with the student and nursing shortage, our results were most discouraging.

At intervals, groups of student nurses from local hospitals came to observe and learn about our specialized work on the wards, in the operating rooms and in the clinics. Our affiliating group for the year totalled 94 students and 11 graduates, five more graduates than the previous year. We are most grateful to the home schools who continue to send their nurses to us: Massachusetts General Hospital 49, Melrose Hospital 16, Burbank Hospital 13, Quincy City 12, Cambridge Mount-Auburn 4.

We enjoyed having two groups of clergymen from the Summer School of Pastoral Care at the Massachusetts General Hospital who ably administered both in a physical and spiritual sense to our patients. They were under the Direction of Rev. Rollin J. Fairbanks and Rev. James H. Burns. Appreciation is also again expressed to the Red Cross Aides and Volunteers.

ATTENDANTS AND ORDERLIES

Out of an authorized quota of twenty-two, the year began with ten trained-on-the-job attendants whose length of stay has ranged from several months to seventeen years. This fairly stable group has been a sturdy back-log in providing auxiliary nursing care.

In December there were sixteen trained attendants but this increase of six during the year gives a very inadequate picture of effort expended. Seventeen others were interviewed, employed, oriented and trained or partially trained but remained for only brief periods of time.

In spite of the difficulties in securing satisfactory applicants for this service, we feel that trained-on-the-job attendants make a very definite contribution to the care of patients in a specialized hospital. With the exception of medications and treatments, they are taught to carry out practically all bedside nursing procedures. Orientation and instruction is given in the classroom by a graduate nurse instructor who is also responsible for the guidance and supervision of the attendants on the wards. But the same factors responsible for shortages in the nursing group seem to affect these workers as well, such as dislike of evening and night duty, low salaries and the lack of a retirement plan.

The orderly staff has maintained a fairly constant average of fourteen, nine of whom have been employed for over two years. This stability and experience has been especially valuable in the operating rooms, private floor and on night duty. In September a new salary scale made it possible to interest and secure better prepared applicants for several vacancies.

NURSES' RESIDENCE

Early in February, electricians rewired the Nurses' Residence, adding much needed switches at the entrance of each room and installing extra outlets for boudoir lamps and radios. Control switches for the three stairway lights on the first floor were a great asset and eliminated the climbing of four flights of stairs at twilight. Our one great hope now is to have a small electric passenger elevator to replace the out-dated manually controlled freight lift.

Cleaners and painters followed the electricians. All the individual rooms and hallways were painted. Modern maple dressers and hanging mirrors replaced worn-out bureaus and chiffoniers throughout the Residence. A cushioned arm-chair replaced the plain wooden rockers and study table desks were added, for the comfort and convenience of all.

Through the untiring efforts of the Ladies Visiting Committee, the redecoration of the living-room has been completed. The large divan was recovered with dark green velour and three very beautiful landscapes in color were hung, which added greatly to the atmosphere of the room. Just before Christmas, three lovely forest green broadloom rugs replaced the worn ones and these rugs helped complete the color harmony.

Due to construction changes on the third and fourth floors, the rooms on the second floor of the East Wing for some time used by residents, had to be returned to the nursing service. In spite of all these changes, Miss Grace Inman who has

been the day matron since the fall of 1947, has carried on her duties with her usual calm and cheerful manner and we appreciate having an efficient night matron in Mrs. Annette Mitchell.

In conclusion, I wish to express my sincere thanks and appreciation to all in my department who have given unstintingly of their time and energy for better service to our patients.

PERSONNEL FIGURES		Dec. 31, 1948
Authorized		On Duty
1	Advisor—Miss Ruth Sleeper .	1
1	Supt. of Nurses	1
1	Asst. Supt. of Nurses	1
1	Instructor	1
1	Ward Teaching Supervisor .	1
1	Night Supervisor	1
1	Asst. Night Supervisor . .	1
1	Night Float	0
1	Operating-Room Supervisor .	1
6	Operating-Room Head Nurses	6
4	Nurse Anesthetists	3 plus 1 P.T.
5	Ward Head Nurses	5
5	Ward Assistant Head Nurses	5
3	Out-Patient or Clinic Head Nurses	3
1	Out-Patient or Clinic Staff Nurses	1
1	Winthrop Foundation Nurse	1
15	General Duty Graduates Days	11
0	General Duty Graduates Days —Part Time	0 plus 5
8	General Duty Graduates Evenings	4
5	General Duty Graduates Nights	5
—		—
62		52 plus 6 P.T.
Student Personnel:		
4	Post-Graduates	0
18	Affiliates	13
—		—
22		13
22	Attendants: Days	14
	Evenings	2
	Nights	1
16	Orderlies: Days	9
	Evenings	2
	Nights	3
—		—
38		31
122—Total		Total—96 plus 6 P.T.

DOROTHY M. TARBOX, R.N.,
Superintendent of Nurses

Public Relations Department

THE Emergency Building Fund campaign was officially opened on April 1, 1948. During the year, \$225,561.01 of the \$500,000 goal was raised with the active solicitation coming to an end on July 1, in accordance with our agreement with the Greater Boston Community Fund.

Contributions from the staff, alumni and management of the Infirmary were solicited early in January and these groups were also asked to assist by suggesting names of prospects. Outstanding cooperation in every phase of the campaign was given by the two medical staffs not only in contributing but also in soliciting contributions.

By the time of the drive, the mailing list was brought to about 9000 names. A special group of volunteers from the Ladies Visiting Committee and the doctors' wives gave valuable assistance in adding the names of hundreds of former patients. Keeping this list properly posted to eliminate duplications and re-solicitation of donors was the special responsibility of the fund raising secretary working in the Public Relations Office during the active campaign.

This office attended to the dozen or more different mail appeals from several of the fund raising committees and assisted with the special letters from the doctors to their patients' lists. Our direct mail campaign in April and May solicited about 8000 prospects twice and in June an additional 5000 Greater Boston residents were covered.

For this solicitation, a fund raising brochure was prepared to accompany the different fund raising letters with contribution envelopes for the mail appeal and pledge cards for personal solicitations. A kit for solicitors for such groups as the Board of Managers and the Ladies Visiting Committee included a review of questions most likely to be asked, for example the relationship between the Infirmary and the Massachusetts General Hospital, and also suggestions of effective ways to approach prospects.

This office made up the daily schedule of all donations and gave weekly reports to the committee chairman and to the fund raising meetings called periodically by the Chairman, Mr. Frederic Winthrop. We also sent prompt letters of thanks for each donation with a personal letter to those giving \$1000 or more. However, the fund raising program of the Committee for Industries under the Chairmanship of Mr. Henry Porter which brought

in \$30,392.26 from business firms all over New England, was separately carried on outside the Infirmary.

A report of progress and thanks to donors was made on December 15. Although no funds were solicited, this mailing apparently served as a reminder to many friends as \$14,629.15 was added to the Emergency Fund during the Christmas holidays. The year closed with the Board of Managers voting to continue the fund raising efforts in 1949 providing Community Fund consent is granted.

PUBLICITY AND PROMOTION

To get the Infirmary's services before the public at this critical fund raising period, the Public Relations office carried out as broad a program of good-will publicity as possible. This was the more important since the Fund Raising Committee decided, on the advice of experts, that the thousands of dollars required for effective newspaper advertising was not justified.

At the opening of the public campaign, special editorials were obtained in the *Globe* by "Uncle Dudley" and in the *Post* but unfortunately a promised column by Bill Cunningham in the *Herald* was not forthcoming. However, there was a spread of pictures in the *Sunday Herald* rotogravure section and thereafter innumerable news and feature stories and pictures not only in the Boston papers but also in those all over New England, filling a scrap book in the Public Relations Office.

Many of the news stories made the radio news broadcasts and there were also feature radio programs over five of the Boston radio stations during the year. Half-hour round table discussions of cancer of the larynx, separated retina, the Winthrop Foundation, were supplemented by shorter interviews on the Emergency Building program, our work with preschool deaf children, the research on blindness in premature babies, and new procedures in tonsil and adenoid operations.

A national hook-up on October 18 on the Kate Smith hour, marking the opening of community chest drives all over the country, chose a young Infirmary patient to be recorded. He is the youngest cancer of the larynx case on record and has been completely rehabilitated after studying with Mrs. Doehler, the esophageal voice teacher at the Infirmary. His rendering of "Home on the Range"

in his new voice was also a feature of the opening dinner of the Community Fund drive in Greater Boston and members of the enlarged Infirmary Corporation met him in person as part of the program for their first meeting later in the month.

As in the past, cooperation through this office with the Community Fund was mutually helpful, giving the Infirmary publicity both in the newspapers and over the radio at a time when the public is community service conscious. A new special picture exhibit was on display in a Washington Street window of R. H. White Company for a week and our previous exhibit of "foreign bodies" removed at the Infirmary this year was in a window in Belmont. The short and inexpensive color movie showing some of the Infirmary's departments and services was this year ready for showing for the Come-See tours.

The Annual Report gotten out in 1948 followed the pattern established in 1947 in the effort to produce a readable summary of the work of the hospital for the year, with reference material as succinct and interesting as possible. The report was again sent mainly to those individuals and agencies using the Infirmary's services, to other hospitals, reference libraries, etc. For more popular information, several new pieces were prepared besides the brochures for fund raising. These included a summary report of the Winthrop Foundation, a booklet for parents of the children in the Retrolental Fibroplasia research study, and a folder telling about the Italian Memorial Fund for patients with cancer of the throat and listing the hundreds of Italian-Americans who have raised this remarkable fund.

In the December issue of *Life*, the science article was on the movable plastic eye as perfected and used by a member of the Infirmary's resident, Dr. William Stone, Jr. The article's appearance climaxed a long series of negotiations during which Dr. Dunphy, as chief of service, worked to reconcile national publicity as offered by the *Life* article with the taboo of the more conservative members of the medical profession who still regard such publicity as advertising.

PUBLIC RELATIONS

Opportunely, the Public Relations Office in November had permission from the Board of Managers to draw up a publicity code, to govern Infirmary publicity especially when using the doctor's name. The code is, in effect, merely a listing of what has proved workable and effective procedures and safeguards in past specific instances and the Board of Managers felt that when passed by the

two Boards of Surgeons, such a code would serve as a guide for all doctors on the staff.

The Ophthalmic Board of Surgeons made their approval conditional on that of the Chairman of the Committee on Ethics and Disciplines, Massachusetts Medical Society, and the Editor of the *New England Journal of Medicine*. Dr. Stratton as Chairman of this committee and Dr. Garland as Editor of the *Journal*, were most helpful in their interest and ready approval of the code and Dr. Stratton was further kind enough to express a favorable reaction to the proposed article in *Life*.

The Public Relations Advisory Committee with Mr. Porter as chairman, during these discussions of policy for hospital publicity found it helpful to hold regular monthly luncheon meetings at the Infirmary. They were grateful to accept the suggestion that Dr. Dunphy and Dr. Schall, as chiefs of service, should become ex-officio members of the committee.

Reports on funds for special purposes and letters of thanks to donors to such funds continues to be the responsibility of this office. We also prepared and got out the minutes of the meetings of the Executive Committee, the Board of Managers, the Social Service Advisory Committee and the House Committee. The ruling that all printed orders be ok'd by this office gives Public Relations an opportunity to advise with the several departments on effective ways to set up record cards or to word community reports. This office also gave assistance at such functions as the annual fall alumni luncheon, again ably undertaken by the Dietary Department at the time of the ophthalmological and oto-laryngological societies' meeting at the Infirmary.

VOLUNTEERS

One of our most effective expansions of program during the past year has been with volunteers. Under the very effective handling of Miss Arlene Casey, the Public Relations secretary since last June, the volunteer program has grown and is steadily developing.

During the year, volunteers were supplied through this office to work with the children in the Nursery under Occupational Therapy, to assist with clerical and other duties in the Admitting Office, to help with patients in the clinics under the direction of the Social Service workers, to help in the laboratories and on the wards. At six months intervals, we sent a questionnaire to department heads to find out where they could use volunteers. From

these answers, Miss Casey made out reports which were sent to the Volunteer Service Bureau, the chief and very helpful source of most new volunteers. These reports were also useful when individuals offered their services, such as members of the Ladies Visiting Committee who continue to do volunteer service outside the regular duties of their Committee. Miss Casey also sent out regular reports, listing the days and hours of service of individual volunteers, to the Red Cross and the Volunteer Service Bureau, taking the data from the monthly charts.

Gratifying recognition of this growing volunteer program came this fall when the Public Relations Director was asked to join the Committee of Directors of Hospital Volunteers, which functions through the Volunteer Service Bureau. Attending the meetings of the directors of the volunteer programs at the other Greater Boston hospitals is proving interesting and informative.

VIRGINIA GEROULD,
Director, Public Relations

Dietary Department

SEVERAL pieces of new equipment were added to the dietary department during 1948. In the main kitchen a twenty-six year old mixer was replaced by a Hobart, complete with several size bowls, beaters, whips and strainers. A three tiered steamer was obtained from War Surplus. An ice-cube making machine, which makes 24 pails of cubes daily was installed in the summer and while it amply takes care of the cafeteria and ward floors' needs, the purchase of supplementary ice cubes during the hot summer months is required. The leaking pot sink is beyond repair, and a new stainless steel sink will soon be put in its place. The large wooden ice box in the far end of the kitchen will also be replaced with an electric refrigerator, large enough to take care of the proposed fifth floor's needs.

On the ward floors, stainless steel cabinets with built-in gas plates, shelves and dishwarming compartments were installed, replacing the old wooden tables and shelves for holding dishes. The food containers with covers for Gardner came this year, which has greatly improved the delivery of food through the hallway, and the steam table set-up on the ward.

THE CAFETERIA DEFICIT

In the cafeteria, an extension of the counter was made, thus eliminating falling trays and accidents at the end of the cafeteria line. In the coming year, we hope to have an electric water-cooler to replace the small unattractive ice container. At the first of the year, the cafeteria and storeroom were given a coat of paint, greatly improving the appearance of these basement rooms. In an effort to reduce cafeteria expense, the cafeteria was not

open on holidays and the major part of week ends. However, we did serve Thanksgiving and Christmas dinner, family style, for the benefit of those far from home. 76,295 meals were served in 1948, with an expense account of \$34,476.72, and an income of \$28,467.72. We have tried to increase the customers for dinner by distributing menus to the floors to encourage visitors to eat in the cafeteria.

Three special luncheons were served this year in the old Ear Clinic for the Eye & Ear Alumni, and the New England Oto-laryngological and Ophthalmological Societies. These were held in March, June and November, serving a total of 375 meals.

All holiday favors will be long remembered and special thanks are due to the Occupational Therapy Department for preparing them. Also thanks to the Ladies' Visiting Committee for fruit distributed to patients on Thanksgiving and Christmas and the refreshments served at the employees' Christmas party.

112,459 meals were served to ward patients and 46,751 to private patients, making a total of 159,210. Of these 9,720 were special diets, which includes diabetics, gastric, low fat, tube feeding, reduction, low salt and allergy diets. Soft diets have replaced the formerly ordered low residue diets for patients after operations demanding as little as possible use of facial muscles. It was also decided to remove pepper shakers from the trays of separated retina patients to avoid any possibility of ill post-operative effects by patients' sneezing.

ALBERTA CATON,
Dietitian

Social Service Department

THERE is a trend in all fields of social casework at the present time to improve methods of social treatment. In line with this trend a consistent effort is made in the Social Service Department to evaluate and improve its service to patients. This is accomplished by the continuous application of current and modern methods of treatment which prove to be effective in a medical social setting.

Basic knowledge of the meaning of human behavior and the ability to determine ways in which an individual can use help are essential in effective social therapy, whether the social problem is simple or complex. Skill in applying this knowledge is developed and strengthened through careful supervision of the caseworker in her treatment of individual situations. Supervision of regular casework practice is essential if the highest standard of performance is to be attained.

In a department of this size the need for a casework supervisor is obvious and in 1948 Miss Ruth M. Butler from our own staff was appointed to this position. The Infirmary made it possible for her to attend a seminar in supervision at the Smith College School of Social Work during the summer in preparation for her new responsibility. Evidence of her contribution toward a higher level of professional performance for the staff as a whole is already apparent in both the prevention and rehabilitation aspects of our work.

The additional office space which was made available in September has relieved our housing problem. While still restricted in privacy for interviewing and in space for monthly staff conferences, we now have a definite location for students which has been of tremendous help in our teaching program.

Personnel has been stable for the year except for the resignation of the glaucoma worker on January 1st which created a vacancy on the staff for six months. The casework staff consists of only eight workers, six of whom are assigned to the eye service leaving only two workers for the entire ear, nose and throat, tumor and plastic clinics as well as the Clinic for the Deaf. Additional staff is needed for work with both the pre-school blind and pre-school deaf children's programs.

After long consideration the Department has been relieved of interviewing for glasses those patients who are receiving Old Age Assistance or Aid to

Dependent Children in Boston. Prescriptions are now given to the patients by the administration in order that they may be filled outside the hospital and paid for without supplementation from Social Service funds. This policy has been in effect for three months with no unfortunate results to the patients, to our knowledge. The present system has the dual advantage of relieving the Department of considerable bookkeeping, as well as providing a substantial saving in funds.

General trends in total responsibilities of the Department show an increasing tendency for making less distinction in the referral of clinic and private patients. The referral of all children with retrolental fibroplasia, for example, and also of many pre-school deaf children, regardless of economic status, has illustrated the social problems inherent in severe handicaps are not greatly reduced by financial security. The medical staff have referred other private patients for consultation on convalescent resources, suggestions for discharge plans and children presenting problems of various kinds. A small number of employees with medical social needs have been assisted, also.

RETROLENTAL CHILDREN PRESENT CHALLENGE

On the Eye Service, the retrolental fibroplasia children have continued to present a challenge to our resourcefulness to meet both the number of patients served and the variety of problems presented. Since the beginning of social work for the retrolental fibroplasia project, we have been aware of the lack of available scientific information about the young blind child, physically, mentally and emotionally. Therefore, the additional medical research studies on this diagnostic group which were undertaken this year by the pediatric and psychiatric services have been greatly welcomed. The studies have made increased demands upon the social worker in interpretation of the studies to parents, conferences with the pediatrician and psychiatrist on individual social situations and in carrying out their recommendations for treatment of the children. The full time of one caseworker is devoted to these children but additional personnel is needed to carry out an adequate program.

114 patients were served during the year. 28 new patients were added to the study group and only 2 discharged. Most of the patients in this group need

continuous service over a long period of time. Of the 101 patients living in Massachusetts, 74 required planned social treatment and in addition, a large number of limited services were given to other patients, ranging from assistance with plans for medical care to help with pre-school educational plans. The large number of children needing direct service precludes the formal study of the social problems and treatment with the present available personnel.

The pre-school teacher for retrolental fibroplasia has continued to demonstrate her usefulness in the project. In addition to counselling the parents individually, she has lectured to students in training in nursery school education, to parent-teacher groups and has published an article on "An Educational Service for the Blind Child of Pre-school Age." The teacher has made 203 visits to homes and schools and has had 127 consultations with parents in the clinic and in Dr. King's office.

A social study has been completed on a group of children with enucleations which points up the severity of the impact of eye surgery for children, and is in the process of preparation for publication.

The glaucoma follow-up has been maintained without interruption, although the loss of the glaucoma social worker meant some reorganization of service to these patients and necessarily some inconsistency in the services rendered, particularly in regard to comprehensive social treatment.

256 new patients were added to the glaucoma follow-up in 1948. In 1947 there were 381. 365 patients were discharged from follow-up, 78 to local doctors, 79 unable to return because of age and illness; 41 deceased, 42 required no further treatment and the balance were closed for a variety of reasons. The active follow-up is 1388 patients as of December 31, 1948.

INCREASE IN EAR, NOSE AND THROAT CASES

On the Ear, Nose and Throat Service, an increased number of patients were referred from both the Winthrop Foundation and the clinic. Referrals from Plastic Clinic and the Tumor Clinic were approximately the same as in 1947. Through the purchase of several electrical suction machines by the Department which can be loaned to patients upon discharge from the hospital, there has been much less anxiety expressed by both the patients who have had total laryngectomies and their families. The relief grant for patients from the Ameri-

can Cancer Society has been of great assistance in enabling the social worker to make adequate plans for care and comfort of patients. Mrs. Adair has co-operated with Mrs. Doehler in plans for establishing an oesophageal voice class in Providence, R. I., for patients living in that community.

From July 1947 to July 1948 the part-time services of the psychiatrist, Dr. Peter Knapp, in the Winthrop Foundation and Clinic for the Deaf program were helpful in broadening our understanding of the problems of deafness and in evaluating whether or not patients could be assisted in adjusting to their problems by social treatment. Dr. Knapp worked closely with the social worker in a number of situations, where joint efforts seemed indicated to most adequately serve the patient. Although this service was given largely to patients for whom the fenestration operation was being considered, it was also extended in some cases to the deaf and hard of hearing children presenting behavior problems. We regret the service is no longer available as more service of this type seems indicated for patients who may have a psychic element in their hearing loss or who are unable to accept their hearing loss realistically. The number of patients referred from Ear, Nose and Throat Clinic and the Winthrop Foundation indicates the need for more social work personnel on this service. Although many older patients are referred only for a hearing aid, there are many children and young adults who need more attention in regard to their handicap and rehabilitation plans than they are receiving.

The parents of the young deaf child, as of the young blind child, are anxious for more assistance with their children than it is possible to give them. Direct assistance in securing hearing aids was given to 40 patients. 49 patients were referred for lip reading and 55 children were reported to the public schools for a hearing loss. 6 children were admitted to schools for the deaf. In consultation with Dr. Schall routine follow-up on children in the Ear Clinic was discontinued, although individual children in need of continued medical treatment are given particular attention.

TEACHING

Three Master Students in medical social work are at present having field training in the department.

Two lectures were given to the Harvard post-graduate students in Ophthalmology on the "Social Aspects of Ophthalmology"; one lecture to the third year medical students at Harvard University at the request of Dr. David Rutstein on "The So-

cial Aspects of Ophthalmology"; one lecture to the Simmons College Master Students in medical social work on "Emotional Aspects of Eye and Ear Conditions." The regular lectures to the student nurses have continued and one lecture was given to the student nurses at Lynn Hospital.

FINANCES

The financial report shows increased expenses for medical relief in 1948. However, refunds from patients increased \$1700 over refunds in 1947. The department is extremely grateful to the funds and agencies which have granted our requests for special needs for individual patients. The Charles H. Hood Dairy Foundation made a generous donation to enable us to provide camp experience for several children. The Lions Club in Worcester made a large donation for a blind child to have a placement plan in a specialized school for diagnostic and study purposes. This was arranged through Father Carroll of the Catholic Guild for the Blind, who has cooperated with us in many ways in providing for the needs of the retrolental fibroplasia children.

The Ladies' Visiting Committee has made a definite grant to the Social Service Department to purchase items which will promote staff education and development which we appreciate.

PERSONNEL

Resignation — Mrs. Marguerite Parsons.

APPOINTMENT — Miss Mary R. Love, M.S., Boston College School of Social Work.

STATISTICS

Comprehensive social treatment	554
Limited social treatment	2967
Follow-up (glaucoma)	1753

ANALYSIS OF SOCIAL TREATMENT

Patients on Eye Service	2515
Patients on Ear, Nose and Throat Service .	1006
Nose and Throat	125
Plastic	21
Ear	492
Winthrop Foundation	159
Tumor	209

ANALYSIS OF MEDICAL RELIEF

Expenditures

Glasses	\$3,642.30
Hearing aids and repairs .	3,087.54
Suction apparatus (purchase and rental) . .	595.71
Nursing and foster home care	1,003.53
Transportation of patients	766.63
Prostheses	582.25
Housekeeping service . .	161.40
Tuition, nursing school .	447.77
Special school for study .	336.00
Dentures	85.00
Atomizers	17.35
Orthopedic appliances and miscellaneous	39.25
Camp and vacation fees .	221.00
Refunds to patients . . .	44.75
Total	\$11,030.48

Refunds

Refunds from patients . .	\$4,010.08
Refunds from agencies . .	2,640.01

Total refunds \$6,650.09

Total from Social Service Funds \$4,380.39

EUNICE W. WILSON,
Director, Social Service

Occupational Therapy

ONCE again the Occupational Therapy Department has had a complete change in personnel. Miss Linda Hall, O.T.R., the former director, resigned in April and Miss Elizabeth Forbes, O.T.R., the former assistant, in June. The present Director came the first of May and the present assistant,

Miss Patricia Howe, O.T.R., the first of August.

The Department has been fortunate in having a fairly steady flow of students assigned for an eight week affiliation. During this period the students observe, learn and work with the particular type of occupational therapy used in this hospital.

This year, 3,284 occupational therapy treatments were given and 669 patients assigned.

The policy of the Department has changed somewhat in that now all ophthalmic cases, while potential occupational therapy patients, must be referred to this Department by the medical prescription cards. The oto-laryngological patients, on the other hand, are referred to the Department by a blanket medical prescription so that individual prescription cards are not necessary unless there are some contraindications such as arthritis, epilepsy, abnormal weakness, etc., in which cases individual prescriptions are necessary. These patients are brought to the shop along with ophthalmic patients who many be ambulatory. All ambulatory patients are encouraged to come to the shop, male patients being brought in the mornings and female patients in the afternoons.

The shop has been fairly busy, averaging from one to fifteen patients mornings and afternoons counting both blanket prescription and individual prescription cases. During shop classes, the patients are free to play games among themselves or to learn any of the various craft projects available, under the direction of the therapist or student in charge.

SHOP CLASSES HELP ADJUSTMENT

The classes are held mainly for the patients' pleasure and general socialization. For some patients, however, the shop offers the opportunity of initial adjustment to some abnormality, such as enucleation, tracheotomie, etc. To other patients, the shop helps give confidence in relation to his own working ability and the opportunity to observe others in similar conditions who are learning to work despite their handicap.

On the ward, those patients who in the future may have decreased or defective vision are started on a treatment program consisting of a series of craft projects. These craft projects are graded from relatively simple and obvious techniques to fairly complex pieces involving several techniques and requiring finer touch sense ability, greater manual dexterity and increased concentration. Also for the ward patients whose prognosis is favorable yet whose stay in the hospital is expected to be of some length, occupational therapy is prescribed for recreation. This same type of recreational work is also prescribed for all children on the ward, mainly to give a normal activity outlet. Gardner patients are seen on prescription. There are three therapists

on the wards every morning and two each afternoon.

NURSERY PROGRAM USES VOLUNTEERS

This year the Department has made a special attempt to analyze the problems confronting the Nursery. It has been our aim to have volunteers who will work with those children who can be up and who have no specific problems. The occupational therapist or the student under the guidance of the therapist supervises in general the work of the volunteer. This relieves the therapist herself and she is thus free to work with those individual children who need special attention.

The Department is indebted to the excellent volunteers who have been referred to Occupational Therapy. During the year, 530 children have been assigned to Occupational Therapy, and 1,675 treatments have been given. Children in Gardner are seen on request but one therapist is in the Nursery every afternoon.

Toys were purchased from our annual Ladies Visiting Committee's allowance for toys for the Nursery and also from two private donations.

HOLIDAY ASSIGNMENTS

As usual, favors were made by this Department for the different holidays and the hospital was decorated for Christmas. Gifts for the Nursery and ward patients were bought at Christmas time from money given by the Ladies Visiting Committee who also supplied candies and fruits for the holidays. This Department appreciates the constant aid of the Ladies Visiting Committee who contribute greatly to our support, and also the private donations which have been received throughout the year.

LIBRARY FOR PATIENTS

The library has issued books to 530 patients during the year with more than 2,000 books and magazines in circulation. The library cart goes to all the wards three times a week and issues reading material to an average of twelve patients each trip. Books are taken to Gardner on request. Braille magazines, newspapers, and books are distributed by the librarian for those blind persons who can read the advanced braille type.

DEBORAH HUTCHINSON, O.T.R.,
Director, Occupational Therapy

Personnel Department

The slow strengthening of the labor market which began in 1947 gradually increased in 1948. By the end of December, 1948, the situation had so radically changed that intermittently there were days when there were no openings for auxiliary male and female workers.

The plan to use advertising only in emergencies was continued in 1948. By far the most of our applicants come to the hospital looking for work without having been referred by any special source. Our next largest source of supply is the employment agencies.

HIRINGS AND TERMINATIONS

During the year approximately 172 people were hired and 146 people were terminated as compared with 1947 when 157 people were hired and 206 terminated.

The lessened turnover on part-time workers was due to several factors. With the easier labor market, part-time jobs were discontinued except where a part-time schedule was definitely to the advantage of the hospital. This tended to eliminate those who were interested only in getting a little extra money but were not particularly concerned about keeping their jobs if they felt disinclined to work. In addition, the minimum age on after-school ward helpers and counter girls was raised to 16 so that more mature and responsible workers were employed.

In addition to the changed labor market, there were several other factors responsible for the lessened turnover on full-time workers. Within the hospital, adjustments were made to meet community competition to some extent. The hours on auxiliary jobs for men and women were changed from 48 to 44 hours a week.

In the clerical field, one of the great difficulties has been the community tendency toward a five-day week. In departments where it is possible, department heads were allowed to stagger Saturday mornings off with the time made up during the week, either by a shorter luncheon period or working a

longer day. This plan has definitely been helpful in meeting the situation.

SURVEYS AND TEACHING

Miscellaneous surveys were made during the year, such as the additional cost to the hospital if clerical salaries were raised to community average rates, and various cost of living comparisons.

The yearly wage and hour comparison survey shows that the hospital pay rates are in the middle brackets in the community. The lowering of hospital working hours so that they more nearly approach the 40-hour level in the community has been of help in attracting workers to the hospital.

Students from the Radcliffe Graduate School in Management and Personnel Administration still come twice a year to contribute their services to the hospital and to gain experience in the Personnel Department and other parts of the hospital.

LOOKING FORWARD

There are two items which are likely to have an effect on the hospital during the coming year. The first is the likelihood that the Social Security Act will be extended to cover non-profit institutions such as the hospital. This may be of help to the hospital in getting applicants who think of long-term employment.

The second important item, while it may not affect us immediately since we are not subject to Federal Minimum Wage legislation, is the likelihood that the Federal Minimum Wage rate will be increased. The proposed bill would raise the minimum wage to 75c an hour and would work toward an eventual goal of \$1.00 an hour. In testifying before the house committee, Secretary of Labor Tobin said that on the basis of purchasing power the proposed 75c hourly wage roughly equals the 40c minimum set in 1938.

Lois D. McCoy
Director, Personnel Department

Howe Laboratory

THE investigations of the Howe Laboratory during 1948 have been directed along several lines, taking advantage of the rich opportunity to correlate the laboratory and clinical sciences.

The study of aqueous humor dynamics has been pursued by Dr. Kinsey and Dr. Bárány. The rate of flow of aqueous humor in the rabbit eye has been found to be 3 cu. mm. per minute, and it is now possible to state for this animal at least the means of entrance into the anterior chamber of any substance merely from a knowledge of its relative concentration in the aqueous humor and plasma under equilibrium conditions. It appears that electrolytes enter the anterior chamber by an energetic process (secretion), whereas water, glucose and other non-electrolytes enter not only by this means, but also, and predominantly from the iris, by diffusion. Analyses of the relative carbon dioxide content of plasma and aqueous humor in rabbits have shown that there is a sufficient excess of bicarbonate in the aqueous humor to account for the excess osmotic pressure in this fluid compared with that in the plasma.

INVESTIGATION OF CORNEA AND LENS

Investigations have been begun by Dr. Kinsey and Mr. Frederic Merriam on the chemistry of the cornea and lens. A method has been devised for maintaining the lens in a viable state outside of the body, and at present the glutathione metabolism is being studied by means of tracer elements.

A systematic investigation is being made by Dr. Grant assisted by Dr. Trotter on the pharmacology of the eye. Especially important from the clinical point of view are the observations on the anticholinesterases and cholinergic compounds, so important for the treatment of glaucoma. The characteristics of tetraethyl pyrophosphate have been further defined and a comparison made of its species variability and its inactivation by human vitreous. Numerous other anticholinesterases were studied but none found to have the solubility properties necessary for ophthalmic use. The antiglaucoma efficacy of cholinergic agents other than the anticholinesterases is also being investigated. An interesting early development has been the experimental observation that a cyclic acetal analogue of the more familiar choline derivatives has a disproportionately large stimulatory effect on the ciliary muscle, and that clinically

this compound is unusually effective in lowering intra-ocular pressure.

A method has been devised by Dr. Ludvigh for the optical measurement of fluorescent substances objectively in the eye. It is hoped that this technique may be applied to human beings so as to ascertain the rate of flow of fluorescein into and out of the aqueous humor when injected intravenously.

An attempt has been made by Dr. Cogan to correlate certain of the physiologic properties of the cornea with their manifestations in clinical disease especially as regards turgescence, bullous keratopathy and neovasclogenesis. The chief features of this study were presented as the third Proctor Lecture in San Francisco and as the opening address of the German Ophthalmological Society meeting in Heidelberg during the past year. Another series of lectures entitled "Principles of Corneal Disease" were given in Mexico City where Dr. Cogan was the guest of the Sociedad Mexicana de Oftalmologia.

RETROLENTAL FIBROPLASIA FINDINGS

Preliminary observations by Dr. Kinsey and Dr. Zacharias on retrolental fibroplasia, a project supported by the Foundation for Vision, have indicated that the incidence of this disease bears a most suggestive relationship to the feeding of premature infants with vitamins in a water-soluble form. If these preliminary impressions are borne out by the more exhaustive analysis now being conducted and especially by the elimination of the disease through the discontinuance of these substances, a most important contribution will have been made to the understanding of, and prevention of, blindness in infants.

The mechanism of ointophoresis through the cornea has been studied by Dr. Dyson. It appears that ointophoresis facilitates the transfer of substances not only by reason of their electric charge, but also by making the cornea itself more leaky.

The Howe Library, under the guidance of Miss Jeanette Loessl, continued its valuable services to the Infirmary, the Laboratory and a variety of extramural individuals and organizations in providing sources of reference and distribution of ophthalmic literature. The attendance at the Library for the past year was of the order of 5,500 visits.

DAVID G. COGAN, M.D.
Director, Howe Laboratory

Lectures Given and Articles Published

DEPARTMENT OF OPHTHALMOLOGY

BEETHAM, WILLIAM P. Cataract Extraction Through Iridodialysis. Moving picture shown before the American Academy of Ophthalmology and Oto-Laryngology in Chicago, Ill., October 13.

CHANDLER, PAUL A. Glaucoma, with Special Reference to Prognosis and Choice of Operation. Toronto Ophthalmology Society, January.

Series of lectures on glaucoma at University of Iowa, Iowa City, June.

Lectures on Glaucoma at Ophthalmological Study Council meetings, Portland, Maine, September.

Complications of Surgery: Causes of Failures and Methods of Prevention and Correction. Glaucoma Symposium at American Academy of Ophthalmology and Otolaryngology, Chicago, October.

CHISOLM, JULIAN, JR. Lectures for Lancaster Courses in Ophthalmology sponsored by Ophthalmological Study Council, Portland, Maine, July.

DUNPHY, EDWIN B. The Oxford Ophthalmological Congress. An editorial. American Journal of Ophthalmology. 31: 1326, October.

Observations on Miotics. Paper read at College of Physicians, Philadelphia, Pennsylvania, March.

Headaches and Ocular Pain. II. An Evaluation of Miotics. Papers read at Gill Memorial Eye, Ear and Throat Hospital, Roanoke, Virginia, April.

The Relief of Common Eye Disorders Seen in General Practice. Read to Norfolk District Medical Society, September.

GUNDERSON, TRYGVE. Localization of Intraocular Foreign Bodies. Presented to Graduate Assembly, Southwest Texas, San Antonio, Texas, January.

The Diagnosis and Treatment of Common Diseases of the Cornea. II. Experiences with Ocular Complications of Herpes Zoster. Papers read at Gill Memorial Hospital, Roanoke, Virginia, April.

Fundamental Concepts in Ophthalmology. Cushing Veterans Hospital, Framingham, Massachusetts, April.

Lecture Courses before Ophthalmological Study Council, Portland, Maine, August.

HEATH, PARKER. Proptosis and Exophthalmus. Pratt Diagnostic Hospital, March.

Symposium on Ocular Therapeutics. Clinical Ophthalmological Society, New York City, March.

Spontaneous Phaco-Anaphylaxis. Case presentation. Ophthalmology Pathology Club, annual meeting, Washington, D. C., April.

Ocular Lymphomas. American Ophthalmological Society, Hot Springs, Virginia, May.

Report on Knapp Testimonial Fund Committee. American Medical Association, Atlantic City, New Jersey, June.

Series of lectures for course in Ocular Pathology at Ophthalmological Study Council, Portland, Maine, July.

Clinical and Pathological Diagnosis of some Intraocular Lesions. II. A Case Illustrating Phaco-Anaphylaxis Spontaneous in Origin. Presented at American Academy of Ophthalmology and Oto-Laryngology, Chicago, Ill., October.

Ocular Involvement in Rheumatoid Arthritis. Case report before Rheumatoid Group of Boston, November.

Discussion on Fetal Cataract after Maternal Rubella. Paper to New England Ophthalmological Society, December.

Retrolental Fibroplasia . . . a Classification. Paper, Detroit Ophthalmology Society Club, December.

Ophthalmic Research, Its Place in the Community and the Eye Bank. Lecture before executive council of Associated Lions Club, Buffalo, N. Y., December.

Retrolental Fibroplasia, Its Clinical Diagnosis and Classification Based on Pathology. University of Buffalo Medical School, Pediatricians and Medical Society, University of Buffalo, December.

Ocular Hypotony. Ophthalmology Club, December.

Proptosis and Exophthalmus. Bulletin of Pratt Diagnostic Group.

Mickulicz's Disease and Syndrome. American Journal of Ophthalmology 31: No. 8, August.

Neosynephrine. Archives of Ophthalmology (in press).

Ocular Lymphomas. American Ophthalmological Society Transactions. In press, in American Journal of Ophthalmology.

Ocular Hypotony. Transactions of American Academy of Ophthalmology and Oto-Laryngology, July-August.

LANCASTER, WALTER B. Series of Lectures on Optics, Physiological Optics and Refraction, Lancaster course. Westbrook Junior College, Portland, Maine, July-August.

Series of lectures and laboratory exercises on Optics, Physiological Optics and Refraction. Course of Orthoptics, American Orthoptic Council, Nason College, Springvale, Maine, July.

LEAHEY, BRENDAN D. External Ocular Malignancy. Presented before New England Ophthalmological Society, April.

Transplantation of the Cornea. Massachusetts Medical Society (Annual Convention) June.

Simplified Ptosis Surgery. Massachusetts Eye and Ear Infirmary Alumni Meeting, November.

Results of Corneal Transplantation. (In collaboration with William C. Owens, Joseph J. Frank, Paul E. Messier, Harold G. Scheie, R. Richard Vincent, Joseph A. D. Wadsworth and Fred C. Stansbury.) Transactions of the American Academy of Ophthalmology and Oto-Laryngology, March-April.

Muscle Transplant in Paralytic Strabismus. (A motion picture.) Presented at Middlesex North Medical Society, October.

OFFENBACH, BERTHA. Diseases of Eye Nerves. Boston University School of Medicine, Boston.

Eye Diseases in Children. Staff Paper — New England Hospital for Women and Children, Boston.

Series of lectures on Diseases of the Eye at the School of Nursing, New England Hospital for Women and Children, Boston.

SLOANE, ALBERT E. Massachusetts Vision Testing. Boston City Hospital Dinner, March.

Clinical Refraction Problems and Management of Cases. University of Rochester, Rochester, N. Y., July.

Refraction Clinic. American Journal of Ophthalmology, Vol. 31, No. 2, February.

Refraction Problems. American Ophthalmology Meeting, Chicago, Ill., October.

Refraction Clinic. American Journal of Ophthalmology, Vol. 31, No. 8, August.

Refraction Clinic. American Journal of Ophthalmology, Vol. 31, No. 10, October.

SULLIVAN, GARRETT L. Discussion of paper by Dr. Harold Gifford. Lecture to American Medical Association Meeting, Section of Ophthalmology, Chicago, Ill., June.

The Boston Eye Bank. New England Journal of Medicine, Vol. 239, August.

VERHOEFF, FREDERICK H. Histological Findings in a Case of Angioid Streaks. The British Journal of Ophthalmology, September.

WAITE, J. HERBERT. Ocular Syphilis, a chapter for the System Edited by Dr. Conrad Berens of New York, — The Eye and Its Diseases, 2nd Edition.

Malignant Tumors of the Eye. Volume on Cancer by American Cancer Society.

Diabetic Retinopathy. Before Section of Graduate Students of Harvard Medical School.

Retinis Proliferans. Before Graduate Students Harvard Medical School.

DEPARTMENT OF OTOLARYNGOLOGY

GOODALE, ROBERT L. Discussion of Dr. O. E. Van Alyea's paper on Nonsurgical Management of Ethmoiditis. Atlantic City, N. J., April.

Course on Frontal Sinus Surgery. Given at American Academy of Ophthalmology and Oto-laryngology Meeting, Chicago, Ill., October 14-15.

HOLMES, E. M. Cavernous Hemangioma of the Frontal Bone. George Kelemen and Edgar M. Holmes, Journal of Laryngology and Otology, Vol. LXII., No. 9, September.

Traumatic Partial Lobectomy from Gunshot Wound. New England Journal of Medicine, 239:539-541, October.

Improvement of Hearing in the Microtic Ear. Lecture before New England Oto-Laryngological Society, November.

JOHNSON, CHARLES I. Fenestration Surgery for Deafness — Present Status. Published in New England Journal of Medicine, October.

KAZANJIAN, VARAZTAD H. Reconstructive Surgery of the Mandible. Manhattan Eye, Ear and Throat Hospital, New York City, March.

Dental Problems Associated with Deformities of the Upper and Lower Jaws. University of Pennsylvania (School of

Dentistry) Graduate Group in Oral Surgery. Philadelphia, Pa., May.

Presentation of Cases Pertaining to Plastic and Reconstructive Surgery. American Association of Plastic Surgeons, Boston, Mass., June 2, 3.

Treatment of Mandibular Deformities of Traumatic Origin. American Society of Maxillofacial Surgeons, Ann Arbor, Michigan, September.

Management of Traumatic Deformities of the Face and Neck, Utica Academy of Medicine and the Utica Dental Society (Combined Meeting). Utica, N. Y., October.

Nasal Deformities of Syphilitic Origin. Plastic and Reconstructive Surgery, Vol. 3, No. 5, September.

The Inter-Relation of Dentistry and Surgery of the Face and Jaws. The Australian Journal of Dentistry, Melbourne, September.

KELEMEN, GEORGE. Topical Applications to the Ear. Discussion at American Academy of Ophthalmology and Otolaryngology, Chicago, October.

Fenestration of the Labyrinth: a Bibliography. The Laryngoscope 58: 74-85, January.

The Anatomical Basis of Phonation in the Chimpanzee. Journal of Morphology 82: 229-256, March.

The Nasal Cavity of the Rat in Pharmacological and Other Experimentation. *Science* 107: 273-274, March.

KELLEY, VINCENT J. Oral and Pharyngeal Moniliasis: Report of Ten Cases. Paper before New England Otolaryngological Society Meeting, December.

LURIE, MOSES H. The Membranous Labyrinth in the Congenitally Deaf Collie and Dalmatian Dog. *The Laryngoscope*, Vol. 58, No. 4, pp. 279-287, April.

MELTZER, PHILIP E. Most Recent Surgical Advances for the Management of Deafness and Inner Ear Disease. Attleboro Doctors' Club, March.

Series of lectures to Research Study Club in Los Angeles, California. January.

The Fenestration Operation for the Relief of Deafness Due to Otosclerosis. *Bulletin of the New England Medical Center*, June.

Untoward Results of the Fenestration Operation. Otosclerosis Study Club, Chicago, Ill., October.

A Six Year Report of the Winthrop Foundation. American Academy of Ophthalmology and Otolaryngology, Chicago, Ill., October.

MILLER, DANIEL. Neoplasms of the Upper Respiratory Tract. *Bulletin of the New England Medical Center* X:175-180, August.

RICHARDS, LYMAN. Otolaryngology in Transition. Presidential Address for American Laryngological, Rhinological and Otolological Society. Published in the *Laryngoscope*, June.

Dilemma of Otolaryngology. *Penn. State Medical Journal* (In preparation).

RICHARDSON, JOHN R. Turbinate Treatment in Vasomotor Rhinitis. Reprint from the *Laryngoscope*.

Loose Dentures as Esophageal Problems. Reprint from *Archives of Oto-Laryngology*.

SCHALL, LEROY A. Malignant Exophthalmos. II. Rehabilitation of Deaf Children. III. Cavernous Sinus Thrombosis. IV. Carcinoma of the Ear. V. Chronic Frontal Sinusitis. VI. Malignant Disease of the Nose and Throat. VII. Correlation of Histopathology in Treatment of the Nose and Sinuses. VIII. Cancer of the Larynx. IX. Diagnosis and Treatment of Cancer of the Naso-pharynx. X. Unanswered Nose and Throat Problems. Delivered before the Research Study Club of Los Angeles, January 23-30.

The Problem of Deafness. Latrobe Academy of Medicine, Latrobe, Pa., May.

Cancer of the Sinuses. Paper before the Rhode Island Medical Association, Providence, R. I., November.

Cancer of the Nose and Nasal Sinuses. II. Cancer of the Larynx. III. Cancer of the Naso-pharynx. IV. Histopathology and Sinusitis. V. Frontal Sinusitis — Importance of Radiologic Studies. Post-graduate Medical Assembly of South Texas, Houston, Texas, December.

Cancer of the Nose and Sinuses. II. Cancer of the Larynx. Virginia Society of Ophthalmology and Otolaryngology, Charlottesville, Virginia. Nov. 30-Dec. 3.

Experimental Electro-coagulation of the Membranous Labyrinth of the Rhesus Monkey. American Otological Society, Hot Springs, Virginia, April.

Cancer of the Larynx. Statistical Study of 500 Cases. *Annals of Otology, Rhinology and Laryngology*. Vol. LVII, No. 2, pp. 377, June.

Cancer of the Larynx. *Oto-Rhino-Laryngologia Danubiana*, Vol. I, Fasc. 2-3.

Malignant Tumors of the Nose and Nasal Accessory Sinuses. *Journal of American Medical Association*. August.

Electrocoagulation of the Membranous Labyrinth. (Experimental Histological Studies in the Monkey) *Annals of Otology, Rhinology and Laryngology*, September.

SWENSON, RUDOLPH E. Emergency Treatment of Asphyxia with Case Reports. Massachusetts Medical Society, Plymouth District, Lakeville Sanatorium, Middleboro, Massachusetts, May.

TOBEY, HAROLD G. The Role of Virus Infection in the Etiology of Otitis Media. Read before the American Otolological Society, April.

WEBSTER, R. C. Cleft Palate. Part I, Oral Surgery, Oral Medicine, and Oral Pathology. I: 647-669. Cleft Palate. Part II. Treatment: Oral Surgery, Oral Medicine, Oral Pathology. I: 943-980.

Lectures in course on Surgical Nursing on Burns and Plastic Surgery. Mass. General Hospital. February.

Lectures on Burns and Nutritious and Dressings at Mass. General Hospital. July.

Burns and Plastic Surgery. Mass. General Hospital. October.

ZONDERMAN, BERNARD. The Hearing Acuity, Tinnitus and Vertigo in Essential Hypertension. (Co-Author) Reprint from *The Laryngoscope*, Vol. 58, No. 5, pp. 374-379, May.

Herpes Zoster Oticus (Ramsey-Hunt Syndrome). *Archives of Otolaryngology*.

Six lectures given in diseases of the ear, nose and throat at Boston University Medical School.

THE HOWE LABORATORY OF OPHTHALMOLOGY

BARNAY, E. Reciprocal Inhibition Between the Two Retina. Presented at the Psycho-Acoustic Laboratory, Harvard University, Cambridge, Massachusetts, May.

Circulation of the Eyes and Intra-Ocular Pressure. Presented at Department of Physiology, Harvard Medical School, Boston, Mass., May.

COGAN, D. C. Pediatric Ophthalmology. Section XVI in The Child in Health and Disease. Grulee, C. R. and Eley, R. C., Baltimore, William & Wilkins Co.

Neurology of the Ocular Muscles. Springfield, Illinois, Thomas, 1948. VII, 214 pp.

Neurologic Significance of Lateral Conjugate Deviation of the Eyes on Forced Closure of the Lids. Arch. Ophth. 39: 37-42, January.

Students' Model for Demonstration of Action of the Extra-Ocular Muscles. Arc. Ophth. 39: 92-93, January.

Principles of Corneal Disease. Series of lectures to Sociedad Mexicana de Oftalmologia, Mexica City, Mexico, February.

Physiologie der Cornea. Hyperkalcemie und bandformige Keratopathie. German lectures presented at the German Ophthalmological Society, Heidelberg, Germany, August.

The Relationship of Corneal Turgescence, Epithelial Edema, Bullous Keratopathy and Interstitial Vascularization. The third Proctor Lectures presented at the University of California Medical School in San Francisco, California, September.

Dynamics of Corneal Vascularization. Presented at the New England Ophthalmological Society, Boston, November.

GRANT, W. M. and D. C. Cogan. Biochemistry, Pharmacology, Toxicology (of the eye). Ophthalmology in the War Years, Vol. II, Wiener, Editor, Chicago, The Year Book Publishers, Inc., 1948, pp. 20-62.

Colorimetric Mecrodetermination of Formic Acid Based on Reduction to Formaldehyde. Anal. Chem. 20: 267-269, March.

(With D. R. Loeb.) Effect of Locally applied Antinistaminic Drugs on Normal Eyes. Arch. Ophth. 39: 553, April.

Observations on Blood Acetol After Administration of Acetol, Methyl Alcohol, and Formaldehyde to Rabbits. Journal Biol. Chem., 174: 93-98, May.

Miotic and Anteglaucoma Activity of Tetraethyl Pyrophosphate in Human Eyes. Arch. Ophth. 39: 579-586, May 1948.

KINSEY, V. E. Nutrition and Ophthalmology. Nutrition Rev. 6: 65-66, March.

Spectral Transmission of the Eye to Ultraviolet Radiations. Arch. Ophth. 39: 508-513, April.

Radioactive Isotopes in Medicine. Presented at the Chelsea Naval Hospital, Chelsea, Mass., May.

(With E. Bárány.) Rate of Flow of Aqueous Humor. 2. Derivation of the Rate of Flow and its Physiologic Significance. Presented by Dr. Kinsey at the Association for Research in Ophthalmology, Chicago, Illinois, June.

In collaboration with Mrs. Eunice Wilson. Retrolental Fibroplasia. For parents of children who have this ocular disease. Boston, Massachusetts Eye and Ear Infirmary, 7 pp.

Recent Concepts in Aqueous Humor Dynamics. Presented at Association for Research in Ophthalmology, New York City, November.

(With L. Zacharias.) The Incidence of Retrolental Fibroplasia Different Localities and a Correlation of the Incidence with Treatment Given the Infants. Presented by Dr. Kinsey at the Alumni Meeting of the Mass. Eye and Ear Infirmary, Boston, November.

LUDVIGH, E. J. An Hypothesis Concerning Emblyopia Ex Anopsia. Presented at the New England Ophthalmological Society, Boston, February.

The Visibility of Moving Objects. Science 108: 63-64. July.

SCHEPENS, C. L. (With G. C. Bahn.) Examination of the Ora Serrata. Presented by Dr. Bahn at the New England Ophthalmological Society, Boston, March.

First in a series of talks on separated retina. Presented at New England Ophthalmological Society, Boston, December.

TROTTER, R. R. (With Grant, W. M.) The Electronic Flash (gas discharge tube) in Anterior Segment Photography of the Eye. Arch. Ophth. 40: 493-496, November.

OTHER DEPARTMENTS

FAXON, NATHANIEL W. The Place of the Hospital in the Social Order. A Lowell Lecture. January.

The Financial Relationships of Medical Schools and Teaching Hospitals. Council on Medical Education and Hospitals, American Medical Association, Chicago, Ill. February.

The Contribution of the School of Nursing to the Development of the Massachusetts General Hospital. Address given at the 75th Anniversary of the MGH School of Nursing. June.

We Work Together. Graduation Address, Rhode Island Hospital School of Nursing. June.

Total Duty of a Hospital Staff. Paper given at New England Hospital Assembly, Hotel Statler, Boston, March.

BEECHER, H. K. The Nurse Anesthetist. Surgery, Gynecology and Obstetrics. 86: 115-118, January.

(With M. F. Warren and A. J. Murphy.) Comparison of Cyclopropane and Ether Anesthesia on Lymph Production. American Journal Physiology. 154: 475, September.

Notes on Opposition to Progress in Medicine. The Quarterly Record of the Massachusetts General Hospital Nurses' Alumni Association. December.

Relief of Pain within the Hospital. Lowell Lecture, Boston Public Library. January.

Support for the Surgical Patient. West Roxbury Veterans Administration. January.

Lectures at U. S. Army Hospital (Oliver General), Augusta, Georgia. January 17-21.

Lectures at U. S. Army Hospital (Brooke General), Ft. Sam Houston, Texas, January 23-28.

Lectures at U. S. Army Hospitals, Canal Zone, March 1-6. Calhoun Lecture, Atlanta, Georgia, April.

ONE HUNDRED AND TWENTY-THIRD ANNUAL REPORT

Lecture at Emory University, Atlanta, Georgia, April.

Lecture at U. S. Army (Walter Reed), Washington, D. C., April 29-May 1.

Lectures at U. S. Army Hospital (Fitzsimmons), Denver, Colorado, May 24-29.

Lectures at U. S. Army Hospital (Letterman), San Francisco, California, May 31-June 5.

Concerning Opposition to Progress. 75th Anniversary of School of Nursing, Mass. General Hospital, Boston, June.

Series of Lectures at Army Hospitals in Germany, Austria and Trieste. July 21-August 31.

Current Views on Some Controversial Matters of Anesthesia. II. Physiological Effect of Wounds as Guides in the Treatment of Severely Wounded Men. III. Limits of Usefulness of Intravenous (Barbiturate) Anesthesia — Causes of Respiratory Failure under Barbiturate. IV. Anesthesia for Thoracic Surgery. University of Copenhagen, Copenhagen, Denmark, September.

Anesthesia in Traumatic Conditions. Fracture Clinic, M. G. H. September.

Amidones and Methadons. U. S. P. H. S. Hospital, Lexington, Kentucky, October.

Lectures to Medical Students at University of Kentucky, Louisville, October.

Hospitals and Anesthetists. American College of Surgeons, Los Angeles, California, October.

Curare. A recording for a Los Angeles Radio Station, October.

Circulatory Problems During Anesthesia. Post Graduate Group, MGH, November.

Analgesia Without Respiratory Depression. Post Graduate Assembly in Anesthesiology, New York City, December.

Medicine in Europe. New England Society of Anesthesiologists, Boston, December.

BENDICT, E. B. Endoscopy as Related to Malignant Disease of the Stomach. *Journal National Med. Assoc.*, 40: 260-263.

An Operating Gastroscope, *Gastroenterology*, 2: 281-283.

(And Sweet, R. H.) Benign Stricture of the Esophagus, with Special Reference to Esophagitis, Hiatus Hernia, Esophageal Ulcer and Duodenal Ulcer. *Gastroenterology*, 11: 618-627.

Endoscopy: Upstate Society of Thoracic Surgeons. Mass. General Hospital, February.

Malignancies of the Stomach—Symposium. Missouri Branch of the American Cancer Society, Homer G. Phillips Hospital, St. Louis, Missouri, April.

Demonstration of An Operating Gastroscope. American Gastroenterological Association, Atlantic City, April.

Benign Stricture of the Esophagus, with Special Reference to Esophagitis, Hiatus Hernia, Esophageal Ulcer and Duodenal Ulcer. American Gastroenterological Association, Atlantic City, May.

Demonstration of An Operating Gastroscope, American Gastroscopic Society, Atlantic City, May.

TUCCI, J. H. A Study of Pentothal Sodium Anesthesia and a Critical Investigation into the Use of Disodium Succinate as an Antidote. Read before the New England Society of Anesthesiologists, Boston, January.

Modern Concepts of Anesthesia. Two lectures delivered at the Postgraduate Course at the Gill Memorial Foundation, Roanoke, Virginia, April.

Curare: Its Place in Otolaryngology. Read before the New England Society of Oto-Laryngology, Boston, June.

Anesthesiology in Oto-Laryngology. A course given at the American Academy of Ophthalmology and Otolaryngology, Chicago, October 10-14.

Barbiturate Poisoning and the Role of Disodium Succinate. *American Practitioner*, Vol. III, October.

Pitfalls in the Use of Pentothal Sodium in Tonsillectomy. Read before the American Trilogical Society. Boston.

WILSON, EUNICE W. Social Service in an Eye Clinic and Its Relationship to Community Agencies. *Sight Saving Review*, Vol. XVII, No. 4.

MOOR, PAULINE M. An Educational Service for the Blind Child of Preschool Age. *Outlook for the Blind*, Vol. 42, No. 8.



Directory

MEMBERS OF INFIRMARY STAFF, ALUMNI AND RESIDENTS

Names of members of the Infirmary Staff are printed in capital letters.

Abbreviations following the name indicate to what service of the Infirmary the individual belongs:

Bron.; Bronchoscopy

Esoph.; Esophagoscopy

Oto-Lar.; Oto-Laryngology

M.; Manager

Oph.; Ophthalmology

Letters in small type preceding the abbreviations indicate the special work of the individual:

a.; assistant

an.; anesthetist

assoc.; associate

c.; chief of service

cl.; clinical

cons.; consulting

dir.; director

e.; extern

fel. res.; fellow in research

exec. a.; executive assistant

path.; pathologist

r.; resident

ront.; roentgenologist

s.; surgeon

s.p.o.; surgeon for plastic operations

s.t.c.; surgeon assigned to Tumor Clinic

Addresses are in Boston unless stated to be elsewhere; and are in Massachusetts when no State is indicated.

The following list is correct to the best of our knowledge and belief. If there are any inaccuracies or omissions we would be glad to have these brought to our attention.

ALBAUGH, CLARENCE H., Oph. 1940

727 W. 7th., Los Angeles, Calif.

ALEXANDER, SEEYMAN L., Aural, 1919

170 St. George, Toronto, Ont., Can.

ALLEN, HENRY F., r. Oph.

ALLEN, JOHN H., Aural, 1904

32 Deering, Portland, Me.

ALLMAN, CHARLES H., assoc. s. Oto-Lar.

(Oto-Lar. 1930) 520 Commonwealth Ave.

ANTHONY, ALAN R., Oph. 1936

736 Granville, Vancouver, British Columbia, Can.

ANTHONY, MARC, Oph. 1929

Westminster Apts., Spokane, Washington

AYASH, JOHN J., Oto-Lar. 1946

McCannell Clinic, 21 W. Central Ave.,

Minot, So. Dakota

AYLESWORTH, FREDERICK A., Oph. 1916

Suite 1001 Medical Arts Bldg.,

Toronto, Ontario, Can.

BAHN, GUSTAVE C., Oph. 1948

1024-28 Maison Blanche Bldg., New Orleans, La.

BAIR, HUGO L., Oph. 1932

Mayo Clinic, Rochester, Minnesota

BALLENGER, JOHN J., Oto-Lar. 1943

806 Park Ave., Wilmette, Ill.

BARNES, HARRY A., cons. s. Oto-Lar.

61 Church, Dedham

BARTON, RICHARD T., Oto-Lar. 1945

120 So. Lasky Drive, Beverly Hills, Calif.

BASSEN, EDWARD J., Oph. 1928

654 Madison Ave., N. Y. C.

BEECHER, HENRY, an. MGH

BEETHAM, WILLIAM P., s. Oph.

(Oph. 1929) 108 Bay State Road

BENEDICT, EDWARD B., cl.a.,

Bron. & Esoph. MGH

BERRY, GORDON, Aural 1910

36 Pleasant, Worcester

O N E H U N D R E D A N D T W E N T Y - T H I R D A N N U A L R E P O R T

- BIRDSALL, CLARENCE H., Aural 1916
(Oph. 1918) 26 Summer, Haverhill
- BLACK, DANIEL E., Oto-Lar. 1944
184 Main, Nashua, N. H.
- BLAISDELL, IRL H., Oto-Lar. 1939
Medical Arts Bldg., Syracuse, N. Y.
- BOBBETT, GORDON H., Oto-Lar. 1948
125 W. Cheves St., Florence, So. Carolina
- BOGAN, FREDERICK L., cons. s., Oto-Lar.
(Aural 1908) 249 River, Milton
- BOIES, LAWRENCE R., Oto-Lar. 1931
1937 Medical Arts Bldg., Minneapolis, Minn.
- BRACONIER, HARRY E., Sr., cl.a. Oph.
(Oph. 1945) 264 Beacon
- BRADY, FRANK W., Oto-Lar. 1942
8 Merrimac, Lowell
- BRAWNER, LEON E., Oto-Lar. 1925
384 Peachtree, Atlanta, Ga.
- BREED, FREDERIC B., r. Oph.
- BREWER, DAVID W., Oto-Lar. 1948
713 E. Genessee St., Medical Arts Bldg.,
Syracuse, N. Y.
- BRIGGS, WALLACE R., Oph. 1920
2717 13th St., Sacramento, Calif.
- BROWN, LESTER A., Jr., Oto-Lar. 1937
478 Peachtree, Atlanta, Ga.
- BRYAN, BURTON D., Oto-Lar. 1943
151 Rock, Fall River
- BURKE, J. ROBERT, Oph. 1918, Aural 1919
207 Elm, Holyoke
- CAMERON, WALTER C., Oph. 1930
1103 Medical Arts Bldg., Tacoma, Wash.
- CANDRAY, CARLOS H., Oph. 1944
San Salvador, El Salvador
- CARON, ARMAND L., Oto-Lar. 1927
Medical Arts Bldg., Worcester
- CARROLL, FRANK D., Oph. 1935
635 W. 165th, N. Y. C.
- CARROLL, WALTER J. E., assoc.s. Oto-Lar.
5 Chestnut, Arlington
- CARTER, LELAND F., Oph. 1926
613-617 David Whitney Blvd., Detroit, Mich.
- CASE, PAUL H., Oph. 1938
418 Professional Bldg., Phoenix, Ariz.
- CASTEN, VIRGIL G., s. Oph. (Oph. 1931)
412 Beacon
- CAVANAUGH, THOMAS, a.s. Oph.
(Oph. 1940) 395 Commonwealth
- CAVE, LINUS S., Oto-Lar. 1927
1504 State Tower Bldg., Syracuse, N. Y.
- CERRATO, CALVIN M., Cl.a. Oto-Lar.
(Oto-Lar. 1944) 394 Marlborough
- CHAMBERLAIN, CALVIN B., Oph. 1944
342 Investment Bldg., Pomona, Calif.
- CHANDLER, PAUL A., s. Oph. (Oph. 1925)
5 Bay State Road
- CHISHOLM, JULIAN F., JR., sr. cl. a. Oph.
243 Charles
- CLAP, EDMUND W., cons. s. Oph. (Oph. 1899)
108 Bay State Road
- CLARKE, SAMUEL T., Oph. 1939
505 Medico-Dental Bldg., Reno, Nev.
- CLOUGH, JOSEPH M., sr. cl. a. Oph.
(Oto-Lar. 1939-Oph. 1941) 101 Bay State Rd.
- COGAN, DAVID G., assoc.s. Oph. (Oph. 1935)
dir. Howe Lab. 243 Charles
- COGAN, JAMES R., Oph. 1944
444 N. Bedford Drive, Bev. Hills, Calif.
- COLLINSON, A. WILLIAM, a.s. Oph.
226 Bay State Road
- COLSON, Z. WILLIAM
215 Bay State Bldg., Lawrence
- CONVERSE, JOHN M., Oto-Lar. 1938
121 E. 60th, New York City
- COOPER, KEMP G., Oto-Lar. 1930
1516 Cook, Denver, Col.
- COVITZ, EDWARD E., a.s. Oph.
475 Commonwealth Ave.
- COYLE, JOHN A., Oph. 1931
Norwich, Vermont
- CREWSON, ARTHUR L., Oto-Lar. 1927
132 Second, West Cornwall, Ontario, Can.
- CRONIN, THOMAS P., r. Oph.
- DAVIDSON, HERMAN P., Oph. 1920
30 North Michigan Ave., Chicago
- DAY, KENNETH, Oto-Lar. 1924
121 University Place, Pittsburgh, Pa.
- DEAN, ABBOTT W., Oph. 1929
424 Oakland Ave., Council Bluffs, Iowa

DE BLOIS, ELIZABETH, a.s. Oto-Lar.
247 Commonwealth Ave.

DIETRICH, HERBERT J., r. Oto-Lar.

DONAHUE, HUGH C., a.s. Oph. (Oph. 1931)
520 Commonwealth Ave.

DONOGHUE, WILLIAM F., Cl.a. Oph.
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69 Chestnut, Springfield

DOWLING, JOSEPH L., Oph. 1918
57 Jackson, Providence, R. I.

DROOKER, J. CHARLES, a.s. Oto-Lar.
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DRURY, DANA W., Aural 1906
483 Beacon

DUCLOS, GASTON N., Oto-Lar. 1943; Oph. 1945
1538 Sherbrooke St., W. Montreal, Que., Can.

DUEST, LLOYD J., cl. a. Oph.
227 Union, New Bedford

DUNPHY, EDWIN B., c. Oph. (Oph. 1923)
243 Charles

DYSON, CHARLES W., fel. res. Oph.
Howe Lab. 243 Charles

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264 Beacon

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EVANS, MAURICE G., s. Oto-Lar.
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EVANS, WILLIAM H., Oph. 1924
510 Dollar Bank Bldg., Youngstown, Ohio

FARRELL, JAMES I., Oph. 1932
308 Kempf Bldg., Utica, New York

FAXON, NATHANIEL W., dir., M. E. & E. I.

FILMER, GEORGE A., Oph. 1939
520 Metropolitan Bldg., Denver, Colo.

FISHER, STANWOOD E., Aural 1909
338 Spring, Portland, Me.

FLOYD, PAUL E., Oph. 1946
102 Main, Farmington, Me.

FOOTE, CHARLES M., Oph. 1940
412 North Hastings Ave., Hastings, Neb.

FRACKELTON, RALPH J., Oto-Lar. 1933
14800 Madison Ave., Cleveland, Ohio

FRANKLIN, C. RAY, Oph. 1931
10 E. 90th, New York City

FRAZEE, JOHN R., assoc. s. Oto-Lar.
(Oto-Lar. 1925) 520 Beacon

FULTZ, WILLIAM E., Oph. 1927
45 Kaye, Halifax, N. S., Can.

GABRIELS, JOSEPH A. C., Oph. 1921
435 State, Albany, N. Y.

GARLAND, FREDERICK E., cons. s. Oto-Lar.
483 Beacon

GAUDREAU, HONORE E., Oph. 1930
293 Bridge, Springfield

GAUS, LOUIS, Oph. 1921
Ticonderoga, N. Y.

GERRON, LEVON, fel. res. Oph.
243 Charles

GERMAIN, HARRY H., Oph. 1899
479 Commonwealth Ave.

GIBSON, ARTHUR C., Aural 1921
516 Sutter, San Francisco, Calif.

GIFFORD, HAROLD, JR., Oph. 1934
1620 Medical Arts Bldg., Omaha, Neb.

GILBERT, JOHN J., Oph. 1917; Aural 1920
209 Angell, Providence, R. I.

GILLESPIE, ELMER H., Oto-Lar. 1932

GODUTI, RICHARD J., Oph. 1946
704 Congress, Portland, Me.

GOLDCAMP, RICHARD R., Oto-Lar. 1948
364 Fair Green Ave., Youngstown, Ohio

GOLDMAN, A. MILTON, Oph. 1924
Rockville Centre, N. Y.

GOODALE, JOSEPH L., s. Oto-Lar.
Ipswich

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GROSSMAN, HERMAN P., a.s. Oph.
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GUIMARAES, JOAO C., Oto-Lar. 1936
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GUNDERSEN, TRYGVE, s. Oph. (Oph. 1930)
101 Bay State Road

- HACKING, RAYMOND F., Oph. 1927
105 Waterman, Providence, R. I.
- HAIRE, PAUL G., a.s. Oph.
6 Pleasant, Malden
- HALEY, WARREN B., r. Oph.
- HALTON, EDWARD J., Oto-Lar. 1942
56 Sutton, Holyoke
- HAPP, LINLEY C., sr. cl. a. Oph.
(Oto-Lar. 1931; Oph. 1943)
170 Waterman, Providence, R. I.
- HEATH, PARKER, dir. Oph. Path. Lab.
243 Charles St.
- HEFFERNAN, DAVID A., Oph. 1904
270 Commonwealth Ave.
- HEINE, LYMAN H., Oto-Lar. 1927
1535 N. Broad, Freemont, Nebr.
- HEINICKE, HORST J., Oto-Lar., 1948
31 Tottenham Rd., Rochester, N. Y.
- HENNESSEY, WILLIAM W., Aural 1908
33 Essex, Salem
- HERMAN, EDWARDS, con. s. Oto-Lar.
Lincoln
- HILL, FRANCIS S., a., dir. M. E. & E. I.
- HILL, FREDERICK T., Aural 1916
111 Main, Waterville, Me.
- HO, ALBERT K. T., r. Oto-Lar.
- HOBART, CARL, Oph. 1922
3601 A Gravois Ave., St. Louis, Mo.
- HOLLABAUGH, CHARLES F., Oph. 1932
1915 Church St., Nashville, Tenn.
- HOLMES, EDGAR M., s.p.o. Oto-Lar.
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- HOLT, LAWRENCE B., Oph. 1948
208-209 Reynolds Bldg.,
Winston-Salem, N. Carolina
- HOOPLE, GORDON D., Oto-Lar. 1926
Medical Arts Bldg., Syracuse, N. Y.
- HOUSTON, G. GILBERT, Oto-Lar. 1938
10 West, Charlottetown, P. E. I., Can.
- HUTCHINSON, RUTH M., ex. a. M. E. & E. I.
- IRELAND, PERCY E., Oto-Lar.
170 St. George, Toronto, Ontario, Canada
- IRGENS, EDWIN R., Oto-Lar. 1938
Benton Harbor, Michigan
- IRVINE, A. RAY, JR., Oph. 1947
9730 Wilshire Blvd., Beverly Hills, Calif.
- IRVINE, S. RODMAN, Oph. 1935
9730 Wilshire Blvd., Beverly Hills, Calif.
- IRVINE, WENDELL C., Oph. 1941
700 Roosevelt Bldg., Los Angeles, Calif.
- JACK, FREDERICK L., cons. s. Oto-Lar.
(Aural 1884) 215 Beacon
- JESBERG, NORMAN, Oto-Lar. 1947
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- JEWETT, EVERETT P., Oph. 1945
21 West, Worcester
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- JOHNSON, LORAND V., Oph. 1937
2065 Adelbert Road, Cleveland, Ohio
- JONES, EDWARD E., Oto-Lar. 1928
141 W. Elm, Brockton
- JUDD, DELBERT K., Oto-Lar. 1934
423 Arcade Bldg., Kankakee, Ill.
- KANT, ALFRED, Oph. 1948
220 Massachusetts Ave., Arlington
- KAZANJIAN, KENNETH, cl.a. Oto-Lar.
475 Commonwealth Ave.
- KAZANJIAN, VARAZTAD H., con. s.p.o.
Oto-Lar. & Oph. 475 Commonwealth Ave.
- KEARNY, RICHARD A., Aural & Lar. 1921
2311 Connecticut Ave., Washington, D. C.
- KELEMEN, GEORGE, cl.a. Oto-Lar.
243 Charles Street
- KELLEY, VINCENT J., assoc. s. Oto-Lar.
520 Commonwealth Ave.
- KENNEDY, MICHAEL F., Oph. 1927
1835 I, N. W., Washington, D. C.
- KENT, CHARLES, cl.a. Oto-Lar.
270 Commonwealth Ave.
- KERST, J. ARTHUR, Oph. 1934
55 East Washington, Chicago, Ill.
- KING, MERRILL J., s. Oph.
(Oph. 1932) 264 Beacon
- KINSEY, V. EVERETT, PH.D., a. prof. Oph. res.
Howe Lab., 243 Charles St.
- KOS, CLAIR M., Oto-Lar. 1941
University Hospital, Iowa City, Iowa

LANCASTER, WALTER B., cons. s. Oph.
520 Commonwealth Ave.

LANE, CHARLES S., r. Oto-Lar.

LANGWORTHY, HENRY G., Aural 1907
394 West 10th St., Dubuque, Iowa

LAPIERRE, WARREN W., Oph. 1948
32 Clinton Ave., Norwichtown, Conn.

LAVOIE, ROLAND, JR., r. Oto-Lar.

LAWLOR, EDWARD R., cl.a. Oto-Lar.
(Oto-Lar. 1941) 267 Moody, Waltham

LEAHEY, BRENDAN D., assoc. s. Oph.
(Oph. 1933) 9 Central, Lowell

LECONTE, CHARLES M., Oto-Lar. 1947
Rue Royale, Cap-Haitien, Haiti

LEMOINE, ALBERT N., Oph. 1923
411 Alameda Road, Kansas City, Mo.

LEMOINE, ALBERT N., JR., Oph. 1945
411 Alameda Road, Kansas City, Mo.

LENTINE, JOSEPH, a.s., Oto-Lar.
(Oto-Lar. 1935) 395 Commonwealth Ave.

LEVITT, JESSE M., Oph. 1933
991 Ocean Ave., Brooklyn, N. Y.

LEWIS, DONALD K., a.s. Oto-Lar.
(Oto-Lar. 1943) 243 Charles

LIEBMAN, SUMNER D., sr. cl. a. Oph.
(Oph. 1943) 115 Bay State Road

LIEBMAN, WILLIAM, Oph. 1911
115 Bay State Road

LODGE, EDMUND A., Oto-Lar. 1924
Pleasant Street, Gloucester

LO-PRESTI, JOSEPH J., sr. cl. a. Oph.
34½ Beacon

LORING, ROBERT G., Oph. 1900, Retired

LOTHROP, OLIVER A., Aural 1911
101 Beacon

LOUGEE, JOHN L., Aural 1909
475 Commonwealth Ave.

LOVELY, DAVID K., Oto-Lar. 1946
73 Dearing, Portland, Me.

LOVESEY, BURTON S., assoc. s. Oto-Lar.
(Oto-Lar. 1935) 76 Bay State Rd.

LUDVIGH, ELEK J., PH.D., assoc. Oph. res.
Howe Lab., 243 Charles

LURIE, MOSES H., s. Oto-Lar.
483 Beacon

LYNCH, MERCER G., Oto-Lar. 1936
1567 Exposition Blvd., New Orleans, La.

MACDONALD, ALEXANDER E., Oph. 1923
421 Med. Arts Bldg., Toronto, Ont., Can.

MACDONALD, DONALD H., Oto-Lar. 1930

MACHAMER, R. WENNER, Oto-Lar. 1945
18428 Scottsdale Blvd., Cleveland, Ohio

MACKECHNIE, WILLIAM G., Aural 1918
Port of Spain, Trinidad, B. W. I.

MACKENZIE, ROLAND C., Oph. 1911
30 Grant, Waltham

MACLAUGHLIN, CHARLES H., s.cl.a. Oph.
(Oph. 1947)
32 Pleasant St., Everett

MACMILLAN, ALEXANDER S., ront.
483 Beacon

MACMILLAN, ANDREW L., JR., Aural 1912
46 Pleasant St., Concord, N. H.

MACNIE, JOHN P., Oph. 1929
635 W. 165th, New York City

MALLORY, TRACY B., cons. path. MGH

MANSUR, LEON WALLACE, Oph. 1898 Retired
Valley Center, Calif.

MARTIN, S. FORREST, a.s. Oph. (Oph. 1938)
101 Bay State Road

MATTIS, ROBERT DEAN, Oph. 1942
4474 Westminister Place, St. Louis, Mo.

MCAULEY, ALBERT G., Oph. 1915
1301 Dorchester, West, Montreal, Can.

MCCABE, FRANK J., Oph. 1916
204 Angell, Providence, R. I.

MCCALL, ROBERT E., Oto-Lar., 1938
236 S. Main, Marion, N. C.

MCCLINTOCK, WALTER L., Oto-Lar., 1938
1245 Hancock, Quincy

MCDONALD, SAMUEL J., cons. s. Oph. Retired
(Oph. 1902)
84 Boylston, Chestnut Hill

MCENEANY, JOSEPH P., cl.a. Oto-Lar.
(Oto-Lar. 1947)
301 Essex, Lawrence

MCGUIGAN, G. EDMUND, Oph. 1924
116 W. Market, York, Pa.

MCINTIRE, FREDERIC J., Oph. 1910
63 North Common, Lynn

- McKEIGUE, JOHN E., r. Oto-Lar.
- McKENZIE, RODNEY J., Oto-Lar.
- McLEOD, ANGUS M., Oto-Lar. 1932
Medical Arts Bldg., Toronto, Ontario, Canada
- McLEOD, JOHN, Oph. 1930
636 Argyle Bldg., Kansas City, Mo.
- MEEK, RAYMOND E., Oph. 1926
729 Park Ave., New York City
- MELTZER, PHILIP E., s. Oto-Lar.
(Aural 1919)
20 Charlesgate West
- MERRIAM, FREDERIC C., A.M., fel. Oph. res.
Howe Lab., 243 Charles
- MERRITT, ROBERT E., Oph. 1920 Retired
Valley Center, Calif.
- MERTINS, PAUL S., Oto-Lar. 1936
32 Clayton St., Montgomery, Ala.
- MESSINGER, HARRY K., a.s. Oph.
(Oph. 1934)
313 Commonwealth Ave.
- MEYER, MONTA F., Oph. 1919
904 Canal Bank Bldg., New Orleans, La.
- MILES, NATHAN E., Oph. 1937
1031 S. 21st St., Birmingham, Ala.
- MILLER, DANIEL, a.s. Oto-Lar.
(Oto-Lar. 1943)
20 Charlesgate West
- MILLS, LLOYD, JR., Oph. 1947
910 Westchester Pl., Los Angeles, Calif.
- MOORE, DONALD E., Oph. 1937
417 Medical Arts Bldg., Syracuse, N. Y.
- MOORE, EDWARD E., Oph. 1944
- MOORE, FONTAINE B., Aural 1914
- MOORE, JAMES A., Oto-Lar. 1940
525 E. 68th, New York City
- MOORMAN, JOHN D., Oph. 1939
Times Bldg., Huntsville, Ala.
- MORRISSEY, ARTHUR M., cl.a. Oph.
185 High, Medford
- MOSHER, HARRIS P., cons. s. Oto-Lar.
127 Front, Marblehead
- MOSHER, HENRY A., sr. cl.a. Oph.
(Oph. 1941)
71 Bay State Road
- MOTELEY, FREDERIC E., Oto-Lar. 1925
Charlotte Eye and Ear Hospital
Charlotte, North Carolina
- MOULTON, EVERETT C., JR., Oph. 1948
Merchants National Bank Bldg.
Fort Smith, Arkansas
- MUELLER, WERNER, a.s. Oto-Lar.:
(Oto-Lar. 1933)
243 Charles
- MURPHY, EDWARD M., Oph. 1915
9 Central, Lowell
- MURPHY, WILLIAM E., Oto-Lar. 1933
Slater Bldg., Worcester
- MYERS, ROSCOE W., Oph. 1927
36 Pleasant, Worcester
- MYERS, STANLEY A., Oto-Lar. 1937
39 Hilton Ave., Youngstown, Ohio
- MYSEL, PHILIP, s. Oto-Lar.
483 Beacon
- NAVAS, LUIS, r. Oto-Lar.
- NICHOLSON, HARRY M., Aural 1913
515 Medical Arts Bldg.
Hamilton, Ontario, Can.
- O'CONNELL, JOHN D., Oph. 1943
50 Farmington Ave., Hartford, Conn.
- O'CONNOR, MICHAEL JAMES, Oph. 1946
Valley National Bank Bldg., Tucson, Ariz.
- O'CONNOR, MICHAEL JOHN, Aural & Lar. 1923
105 Waterman, Providence, R. I.
- OFFENBACH, BERTHA, cl.a. Oph.
270 Commonwealth Ave.
- OGDEN, FREDERIC W., Oto-Lar. 1942
- OKAMURA, ICHIRO, M.D., fel. Oph. Path.
243 Charles
- OLDS, BOMAR A., Oto-Lar. 1929
26 Linden Ave., N.E., Atlanta, Ga.
- OLSEN, HENRIETTA I., exec.a.
M.E. & E.I.
- PARKER, HARRY C., Oph. 1902
- PETERSON, WALBORG L., exec.a.
M.E. & E.I.
- PIPPITT, RICHARD B., r. Oph.
- POIRIER, GEORGE H., cons. s. Oto-Lar.
60 Bay State Road
- POLLEN, ABRAHAM, sr. cl.a. Oph.
(Oph. 1944)
64 Washington Ave., Chelsea

- POLLOCK, FREDERIC J., Oto-Lar. 1935
- POPPE, MAYO J., Oph. 1948
6356 1/2 Van Nuys Blvd.
Van Nuys, Calif.
- PRICE, F. RAYMOND, Oph. 1936
118 Rutledge Ave., Charleston, S. C.
- PROVOST, ADOLPHE J., Oto-Lar. 1927
36 Lowell, Manchester, N. H.
- PRUDHON, CHARLES A., Oto-Lar. 1930
168 Sterling, Watertown, N. Y.
- QUEVEDO, A. ARTURO, Oph. 1933
4a Ave. Sur 19, Guatemala City
Guatemala, C. A.
- QUEVEDO, JULIO, Oto-Lar. 1941
15 C.O. 5, Guatemala City, Guatemala, C.A.
- QUINCY, JOSIAH E., a.s. Oto-Lar.
(Oto-Lar. 1926)
270 Commonwealth Ave.
- RAMBO, J. H. TOM, r. Oto-Lar.
- RAYNES, ALPHONSE F., Oph. 1923
16 Market Sq., Portsmouth, N. H.
- REAGAN, DANIEL J., cl.a. Oph.
(Oph. 1943; Oto-Lar. 1944)
507 Main, Worcester
- REGAN, ELLEN, cl.a. Oph.
Framingham
- RICE, THEODORE A., Oph. 1942
390 Main, Worcester
- RICHARDS, LYMAN G., s. Oto-Lar.
(Oto-Lar. 1924)
1101 Beacon, Brookline
- RICHARDSON, JOHN R., assoc. s. Oto-Lar.
(Oto-Lar. 1935)
403 Commonwealth Ave.
- RIEMER, HUGO B. C., cons. s. Oph.
62 Winter St., Norwood
- RIEMER, KARL, sr.cl.a. Oph. (Oph. 1943)
403 Commonwealth Ave.
- ROBERTSON, ANNIE M., a. to dir.
M.E. & E.I.
- ROOPENIAN, ARAM, cl.a. Oto-Lar.
(Oto-Lar. 1944)
475 Commonwealth Ave.
- ROTHWELL, STEPHEN C., Oto-Lar. 1925
100 Eighth, New Bedford
- RUBEN, MAURICE, cl.a. Oto-Lar.
311 Commonwealth Ave.
- RUGGLES, RALPH H., assoc. s. Oph.
(Oph. 1920)
394 Marlborough
- RUGGLES, ROGER L., Oto-Lar. 1932
80 Elm, Westfield
- RUNGE, PAUL M., sr. cl.a. Oph.
140 Marlborough
- SACHS, BENJAMIN, s. Oph.; (Oph. 1925)
520 Beacon
- SAINSBURY, AUGUSTUS W., Oto-Lar. 1943
42 N. Main, Canandaigua, N. Y.
- SAMS, JAMES M., r. Oto-Lar.
- SARGENT, FRANCIS B., Aural & Lar. 1923
124 Waterman, Providence, R. I.
- SAVAGE, ROSS E., Oph. 1910
Gloucester
- SCARNEY, HERMAN D., Oph. 1928
573 Fisher Bldg., Detroit, Mich.
- SCHALL, LEROY A., c. Oto-Lar.
243 Charles
- SCHEPENS, CHARLES L., M.D. fel. Oph. res.
243 Charles
- SCHNEBLY, J. THOMAS, Oph. 1936
900 17th N.W., Washington, D. C.
- SCOTT, DAVID H., r. Oph.
- SEALE, EARL S., a.s. Oph.; (Oph. 1940)
108 Bay State Road
- SHAMBAUGH, GEORGE E., JR., Oto-Lar. 1932
55 E. Washington Street, Chicago, Ill.
- SHEEHAN, LINUS A., sr. cl.a. Oph.
(Oph. 1943)
210 Angell, Providence, R. I.
- SHERMAN, MORRIS, r. Oto-Lar.
- SHLOSSBERG, FRANK R., cl.a. Oto-Lar.
116 Emerson, Haverhill
- SKILLING, FRANCIS C., Oph. 1933
442 Ingram Bldg., Miami, Fla.
- SLAUGHTER, EARL C., Oto-Lar. 1940
Granada Bldg., Norfolk, Neb.
- SLOANE, ALBERT E., a.s. Oph.
416 Marlborough
- SMITH, HAROLD D., Oto-Lar. 1937
342 Investment Bldg., Pomona, Calif.

- SMITH, WILLIAM L., r. Oph.
- SNOW, ROBERT C., Oto-Lar. 1940
202 E. So. Temple, Salt Lake City, Utah
- SPRATT, CHARLES N., Oph. 1904
1231 Medical Arts Bldg., Minneapolis, Minn.
- STEPHENS, N. FREDERICK, a.s. Oph.
(Oph. 1939)
31 Swan Road, Winchester
- STERNSTEIN, HERMAN J., a.s. Oto-Lar.
416 Marlborough
- STONE, WILLIAM, JR., r. Oph.
124 Walker Street, Cambridge
- SULLIVAN, GARRETT L., a.s. Oph.
(Oph. 1938)
101 Bay State Road
- SWENSON, RUDOLPH E., cl.a. Oto-Lar.
1 Carver, Plymouth
- TEGELBERG, JULIUS, Oto-Lar. 1931
390 Main, Worcester
- THOMAS, JOHN H., Oto-Lar. 1944; (Oph. 1946)
262 E. Market, Warren, Ohio
- THOMPSON, PETER HUNTER, cons. s. Oph.;
(Oph. 1902)
308 Commonwealth Ave.
- THORNE, FRED S., cons. s. Oph.
270 Commonwealth Ave.
- TOBEY, HAROLD G., cons. s. Oto-Lar.
(Aural 1915)
403 Commonwealth Ave.
- TOOT, J. FREDERICK, Oph. 1922
520 First National Bank Bldg., Canton, Ohio
- TROTTER, ROBERT R., M.D. fel. Oph. res.
Howe Lab., 243 Charles
- TUCCI, JOHN H., a.an.
243 Charles
- TWITCHELL, MARSHALL C., Oph. 1941
217 S. Union, Burlington, Vt.
- VAIL, DERRICK T., Oph. 1924
700 N. Michigan Ave., Chicago, Ill.
- VERHOEFF, FREDERICK H., cons. c. Oph.
395 Commonwealth Ave.
- VIGER, ROLAND J., Oph. 1937
1414 Drummond, Montreal, Quebec, Can.
- WAITE, J. HERBERT, cons. s. Oph.
(Oph. 1923)
7 Bay State Road
- WALES, ERNEST DeW., Aural 1902
1236 N. Pennsylvania, Indianapolis, Ind.
- WALKER, D. HAROLD, cons. s. Oto-Lar.
(Aural 1902)
5 Bay State Road
- WATTLES, F. MERRILL, Oto-Lar. 1938
1200 So. Kuhl Ave., Orlando, Fla.
- WEBSTER, FRANKLIN R., Oph. 1926
810 State Tower Bldg., Syracuse, N. Y.
- WEBSTER, RICHARD C., JR., cl.a. Oto-Lar.
1101 Beacon
- WEILLE, FRANCIS L., s. Oto-Lar.
(Oto-Lar. 1929)
247 Commonwealth Ave.
- WEISMAN, HERMAN J., Oto-Lar. 1944
76 Limerock, Rockland, Me.
- WEST, FRANCIS J., sr. cl.a. Oph. (Oph. 1947)
270 Commonwealth Ave.
- WHITE, LEON E., cons. s., Oto-Lar.
(Aural & Lar. 1923)
390 Commonwealth Ave.
- WHITNEY, RAYMOND C., Oph., 1922
227 Union, New Bedford
- WILKINS, SAMUEL H., cons. s. Oph.
270 Commonwealth Ave.
- WILLIS, HARRY C., Aural & Lar. 1923
216 E. Nash, Wilson, N. C.
- WINKLER, HERMAN A., Oto-Lar. 1926
224 Thayer, Providence, R. I.
- WISHART, DAVID E. S., Aural & Lar. 1922
47 Grosvenor, Toronto, Ont., Can.
- WOODARD, M. WAYNE, r. Oph.
- WRIGHT, CLARENCE F., Oto-Lar., 1931
86 Bloor West, Toronto, Ont., Can.
- WRIGHT, EDWARD N., Oto-Lar. 1933
210 Public Utilities Bldg.
Port Arthur, Ontario, Can.
- ZANEK, OTTO L., Oph. 1946
1704 Espercon Bldg., Houston, Tex.
- ZONDERMAN, BERNARD, cl.a., Oto-Lar. 1946
314 Commonwealth Ave.

In Memoriam

CALVIN B. FAUNCE, M.D.

Consulting Surgeon in Oto-Laryngology

1907—Intern; 1908—Aural Clinical Assistant; 1924—Aural Surgeon; 1933—
Consulting Surgeon.

THOMAS F. CAPELES, M.D.

Clinical Assistant in Ophthalmology

1915—Ophthalmic Intern; 1916—Oto-Lar. Intern.

CHARLES P. CURTIS

Member of the Board of Managers

Member from 1893-1895; Again from 1907-1948.

JUDGE RICHARD B. WALSH

Member of the Board of Managers

Appointed by Commonwealth in 1948.

MARION MOBLEY, JR., M.D.

Resident 1946

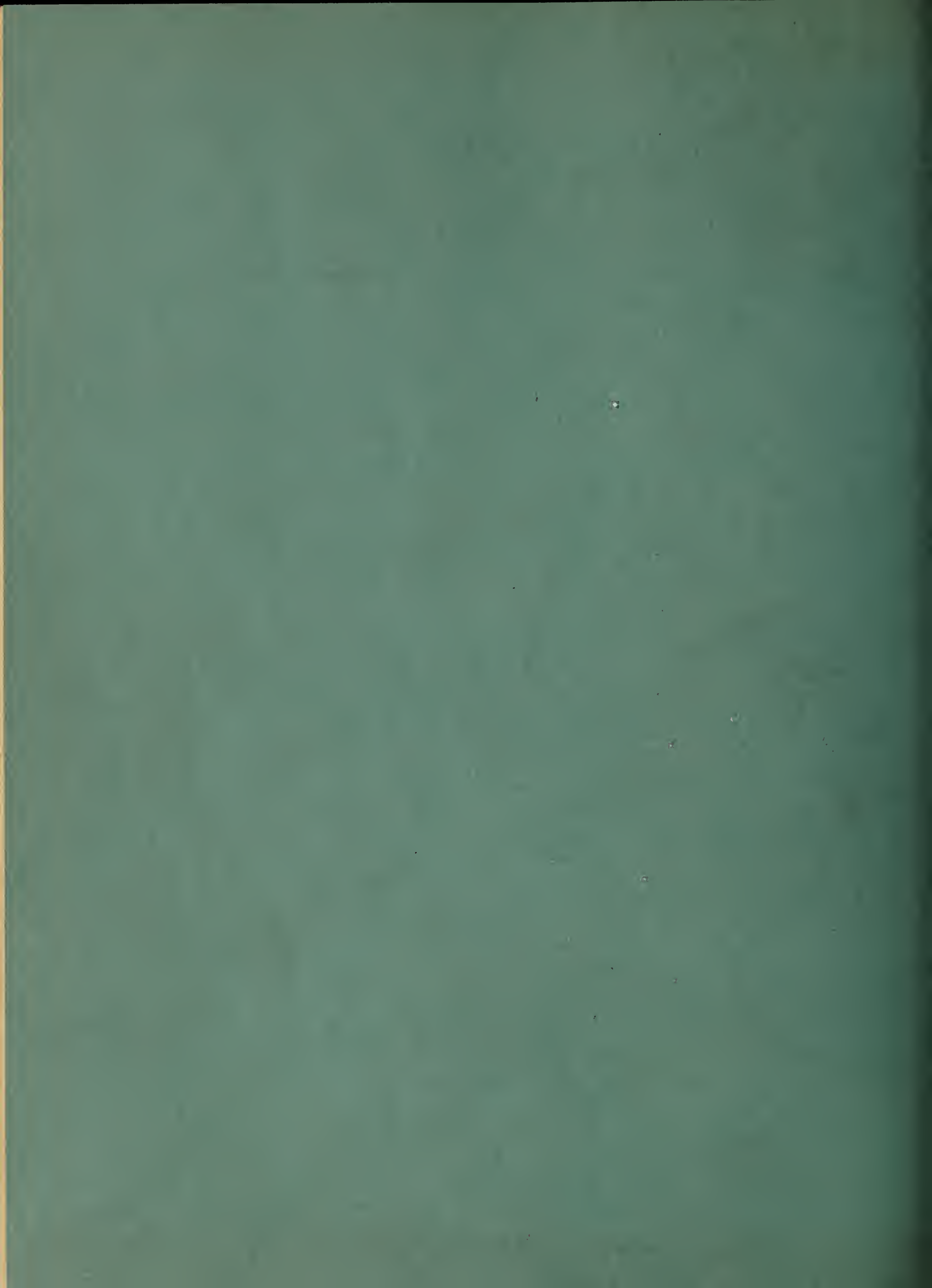
Granted leave of absence in 1946.

Form of Bequest

The Massachusetts Eye and Ear Infirmary is a completely independent voluntary hospital which receives no support from the state or city.

For the information of those who may wish to aid the Infirmary, a form of bequest is here set forth:

I GIVE AND BEQUEATH TO THE MASSACHUSETTS
EYE AND EAR INFIRMARY (243 Charles St., Boston) _____
_____ DOLLARS TO BE APPLIED TO THE USES OF
SAID HOSPITAL.



Massachusetts
Eye and Ear Infirmary

ONE HUNDRED and TWENTY FOURTH
A N N U A L R E P O R T
1949



BOSTON • MASSACHUSETTS

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Massachusetts
Eye and Ear Infirmary

ONE HUNDRED and TWENTY FOURTH
A N N U A L R E P O R T

1949



BOSTON • MASSACHUSETTS



The MASSACHUSETTS EYE AND EAR INFIRMARY showing the new fifth floor under construction.

MASSACHUSETTS EYE AND EAR INFIRMARY

INCORPORATED IN 1827

243 Charles Street, Boston 14, Massachusetts

Telephone: LAfayette 3-8230

THE MASSACHUSETTS EYE AND EAR INFIRMARY is a specialized hospital with Out-Patient Clinics for the care of men, women and children who need treatment of the eye, ear, nose or throat.

This year for the first time in half a century, the Massachusetts Eye and Ear Infirmary is making major changes in its hospital building. To the present structure, completed in 1899, is being added a new top floor to provide more beds and to relieve overcrowding all through the hospital. Eight new operating rooms, completely modern in every respect, are being constructed and much of the remainder of the hospital is being remodelled.

The Infirmary is an independent, non-profit voluntary hospital and is not supported by the city or state. The Board of Managers are non-paid and the medical staff of specialists give their services without charge to all patients in the clinics and on the wards. The Infirmary's allotment from the Community Fund, as a Red Feather Service, does not cover the cost of the free service that the hospital gives to patients who cannot pay for their own care.

The wards and out-patient clinics are open only to those who are not able to pay doctors' fees. However, all patients, in the clinics and wards as well as in the private rooms, are under the medical and surgical care of the staff who are specialists in ophthalmology and oto-laryngology.

When the building program is completed, private patients will be on the new fifth floor and semi-private on the fourth and these patients will not have to wait months for accommodations. During the reconstruction period, private and semi-private patients are being housed on a floor which the Infirmary has rented from the Baker Memorial of the Massachusetts General Hospital and children are cared for in the Burnham wards there.

In many ways the Infirmary and the Massachusetts General Hospital cooperate, to give complete medical service to patients. The clinics of both hospitals are in a common Out-Patient Department with its entrance on Fruit Street. Also for maximum efficiency and economy in operating, the two hos-

pitals unite in such matters as purchasing, maintenance and personnel management.

Patients are admitted to the wards by appointment with the Admitting Office, 243 Charles Street, from 9 to 10 A. M. daily except Sunday and legal holidays. Arrangement for admission to private rooms is made by the staff physician in charge of the patient but all patients are admitted through the Infirmary Admitting Office, even during the period when some patients must be hospitalized at the Massachusetts General Hospital.

Daily rates for board and room for ward patients are \$11* with special services like x-ray and operating room fees, extra. Children patients at Burnham wards pay according to the rates there, with ward rates of \$12*, semi-private and private rates of \$13* and \$15*. To conform with other rates at Baker, daily charge for private care is \$17* to \$18* and semi-private \$13* to \$15*.

Blue Cross (Associated Hospital Service) plans are accepted at the Infirmary, the benefits being allowed as soon as approval has been received. All other non-profit insurance is handled by the patient for himself and he pays the regular rates to the hospital.

Whenever a patient is under the care of a doctor, arrangements for admission should be made by the doctor or the patient should bring a letter from the doctor, recommending admission to the Infirmary. However, any patient who is not under the care of a doctor and who is not able to pay for private care is eligible for treatment in the wards and clinics. In cases of emergency, of course, the patient is admitted immediately at any time of the day or night.

The clinics, located in the adjoining Out-Patient Department on Fruit Street, are open daily except Sunday and legal holidays for a fee of \$2.25* per clinic visit. After a preliminary interview, out-patients are examined by the clinic doctor and treatment is prescribed. If further treatment is necessary, the clinic patient is given an appointment for his next visit, as subsequent visits are by appointment only.

*As of January, 1950.

Officers

BOARD OF MANAGERS 1950

<i>President</i>	.	.	.	Henry Hixon Meyer	.	.	.	.	1937
				53 State Street, Boston					
<i>Secretary</i>	.	.	.	Edmund V. Keville	.	.	.	1942-43	1945
				49 Federal Street, Boston					
<i>Treasurer</i>	.	.	.	Horace W. Frost	.	.	.	.	1940
				74 State Street, Boston					
William H. Claflin, III	.	.	.	74 State Street, Boston	.	.	.	.	1947
Mrs. Richard Cary Curtis	.	.	.	215 Warren Street, Brookline	.	.	.	.	1940
Wallace Falvey*	.	.	.	10 Post Office Square	.	.	.	.	1950
James C. Howe	.	.	.	53 State Street, Boston	.	.	.	.	1914
Rev. Robert G. Metters	.	.	.	220 Marlborough Street, Boston	.	.	.	.	1948
Patrick A. O'Connell*	.	.	.	154 Tremont Street, Boston	.	.	.	.	1934
William A. Parker	.	.	.	200 Berkeley Street, Boston	.	.	.	.	1935
Henry W. Porter	.	.	.	74 Foley Street, Somerville	.	.	.	.	1945
Mrs. Sullivan A. Sargent	.	.	.	701 South Street, Needham	.	.	.	.	1945
Walter H. Trumbull	.	.	.	Weston, Massachusetts	.	.	.	.	1929
Frederic Winthrop	.	.	.	Ipswich, Mass.	.	.	.	.	1943

* appointed by the Commonwealth

Corporation

(in addition to Managers)

Honorable Leverett Saltonstall	.	.	.	.	.	3221 Woodland Drive, Washington, D. C.
William S. Ballard	.	.	.	.	.	45 Milk Street, Boston
Robert F. Bradford	.	.	.	.	.	106 Coolidge Hill Road, Cambridge
Mrs. John W. Farley	.	.	.	.	.	898 South Street, Needham
Nathaniel Faxon, M.D.	.	.	.	.	.	25 Chestnut Street, Boston
Thomas H. Hoare	.	.	.	.	.	6 Beacon Street, Boston
Robert H. Hopkins	.	.	.	.	.	82 Devonshire Street, Boston
William F. Keesler, Jr.	.	.	.	.	.	69 Homestead Street, Newton
Walter B. Lancaster, MD.	.	.	.	.	.	530 Commonwealth Avenue, Boston
Arthur T. Lyman	.	.	.	.	.	Westwood, Massachusetts
August R. Meyer	.	.	.	.	.	121 Clifton Street, Belmont
Harris P. Mosher, M.D.	.	.	.	.	.	127 Front Street, Marblehead
Miss Amelia Peabody	.	.	.	.	.	120 Commonwealth Avenue, Boston
Huston Rawls	.	.	.	.	.	84 State Street, Boston
Frederic H. Verhoeff, M.D.	.	.	.	.	.	395 Commonwealth Avenue, Boston
D. Harold Walker, M.D.	.	.	.	.	.	5 Bay State Road, Boston

Executive Committee: Mr. Meyer, Mr. Frost, Mr. Claflin, Mr. Porter

Finance Committee: Mr. Meyer, Mr. Frost, Mr. Parker

Social Service Advisory Committee: Mr. Porter, *Chairman*; Miss Thorndike, Mrs. Soule; Paul A. Chandler, M.D.; Moses H. Laurie, M.D.; Mr. Howe.

Public Relations Advisory Committee: Mr. Porter, *Chairman*; Mrs. Farley; David G. Cogan, M.D.; Parker Heath, M.D.

House Committee: Mrs. Farley, *Chairman*; Mrs. Scott; Mr. Claflin; Burton E. Lovesey, M.D.; Harry E. Braconier, M.D.

Executive Officers

Director — Francis S. Hill

<i>Assistant to the Director</i>	Annie M. Robertson, R.N.
<i>Chief of Ophthalmology</i>	Edwin B. Dunphy, M.D.
<i>Chief of Otology and Laryngology</i>	LeRoy A. Schall, M.D.
<i>Superintendent, Nursing Service Training School</i>	Dorothy M. Tarbox, R.N.
<i>Administrative Assistants, Charge of Admitting Office</i>	Ruth M. Hutchinson, R.N. Walborg L. Peterson, R.N. Henrietta Olsen, R.N. Mary Jane McKay, R.N.

Advisory Staff

<i>Advisor to Superintendent of Nursing Service; Training School</i>	Ruth Sleeper, R.N.
<i>Acting Director, Department of Dietetics; School of Dietetics</i>	Louise Hatch
<i>Coordinating Comptroller</i>	Russell Greenhood

Heads of Departments

<i>Accounting</i> George S. Watts	<i>Medical Social Service</i> . Eunice W. Wilson, B.S.
<i>Credit Manager</i> Frances M. Hernan	<i>Occupational Therapy</i> . . Patricia Howe
<i>Dietary</i> Alberta Caton	<i>Optical Shop</i> Albert E. Maver
<i>Housekeeping</i> Alice Sidley	<i>Personnel</i> Lois D. McCoy
<i>Maintenance</i> Raymond V. Kinsman	<i>Pharmacy</i> John Murphy
<i>Medical Records</i> . E. Louise Seymour, R.R.L.	<i>Public Relations</i> Virginia Gerould
<i>Purchasing</i> Allen H. Mathewson	

Service Pin Awards

Miss Florence Morrissey <i>Anaesthetist — 30 years</i>	Miss Eileen Gilmartin <i>Instructor of nurses — 20 years</i>
Dr. A. S. Macmillan <i>Roentgenologist — 30 years</i>	Mr. Albert Kelly <i>Night watchman — 20 years</i>
Miss Nellie Morgan <i>Laundry — 21 years</i>	Miss Annah Remick <i>Ward Information clerk — 20 years</i>
Mr. Vincent Farley <i>Optician — 20 years</i>	Miss Elizabeth Ward <i>Operating room supervisor — 20 years</i>
Miss Mary Foley <i>Laundry — 20 years</i>	Miss Ellen McCarthy <i>Nurse — 10 years</i>
Dr. LeRoy A. Schall <i>Chief of Oto-Laryngology — 10 years</i>	

Department of Ophthalmology

Chief of Ophthalmology

Edwin B. Dunphy, M.D.

Consulting Chief of Ophthalmology

Frederick H. Verhoeff, M.D.

Surgeons in Ophthalmology

Benjamin Sachs, M.D.

Paul A. Chandler, M.D.

William P. Beetham, M.D.

Virgil G. Casten, M.D.

Trygve Gundersen, M.D.

Merrill J. King, M.D.

Director of Pathology Laboratory

Parker Heath, M.D.

Associate Surgeons in Ophthalmology

Ralph H. Ruggles, M.D.

David G. Cogan, M.D.

Brendan D. Leahey, M.D.

Assistant Surgeons in Ophthalmology

Thomas Cavanaugh, M.D.

A. William Collinson, M.D.

Edward E. Covitz, M.D.

Hugh C. Donahue, M.D.

Mahlon T. Easton, M.D.

Herman P. Grossman, M.D.

Paul G. Haire, M.D.

Carl C. Johnson, M.D.

S. Forrest Martin, M.D.

Harry K. Messenger, M.D.

Earl S. Seale, M.D.

Albert E. Sloane, M.D.

H. Frederick Stephens, M.D.

Garrett L. Sullivan, M.D.

Senior Clinical Assistants in Ophthalmology

Henry F. Allen, M.D.

Harry E. Braconier, M.D.

Julian F. Chisholm, Jr., M.D.

Joseph M. Clough, M.D.

W. Morton Grant, M.D.

Linley C. Happ, M.D.

Sumner D. Liebman, M.D.

Joseph Lo-Presti, M.D.

Charles H. MacLaughlin, M.D.

Henry A. Mosher, M.D.

Bertha Offenbach, M.D.

Richard B. Pippitt, M.D.

Abraham Pollen, M.D.

Karl Riemer, M.D.

Paul M. Runge, M.D.

Charles L. Schepens, M.D.

David H. Scott, M.D.

Linus A. Sheehan, M.D.

William Stone, M.D.

Francis J. West, M.D.

Clinical Assistants in Ophthalmology

Arthur M. Morrissey, M.D.

Daniel J. Reagan, M.D.

Residents in Ophthalmology

Samuel T. Adams, M.D.

Frederic Breed, M.D.

Robert J. Brockhurst, M.D.

Thomas P. Cronin, M.D.

Edwin B. Goodall, M.D.

Warren C. Haley, M.D.

Elmer V. Kennealley, M.D.

Irwin T. Mancall, M.D.

Marvin Posner, M.D.

Taylor Smith, M.D.

William L. Smith, M.D.

Robert R. Trotter, M.D.

Marshall W. Woodard, M.D.

CONSULTING SURGEONS IN OPHTHALMOLOGY

Walter B. Lancaster, M.D.

Peter H. Thompson, M.D.

Hugo B. C. Riemer, M.D.

J. Herbert Waite, M.D.

Edmund W. Clap, M.D.

Samuel H. Wilkins, M.D.

Fred S. Thorne, M.D.

Department of Oto-Laryngology

Chief of Otology and Laryngology

LeRoy A. Schall, M.D.

Surgeons in Oto-Laryngology

Philip E. Meltzer, M.D.

Moses H. Lurie, M.D.

Robert L. Goodale, M.D.

Francis L. Weille, M.D.

Charles I. Johnson, M.D.

Maurice G. Evans, M.D.

Vincent J. Kelley, M.D.

Surgeon for Bronchoscopy and Esophagoscopy

Lyman S. Richards, M.D.

Surgeon for Tumor Clinic

Carl H. Ernlund, M.D.

Surgeon for Plastic Operations

Edgar M. Holmes, M.D.

Associate Surgeons in Oto-Laryngology

John R. Richardson, M.D.

Charles H. Allman, M.D.

Walter J. E. Carroll, M.D.

John R. Frazee, M.D.

Joseph Lentine, M.D.

Burton E. Lovesey, M.D.

Josiah E. Quincy, M.D.

J. Charles Drooker, M.D.

Assistant Surgeons in Oto-Laryngology

Calvin M. Cerrato, M.D.

Elizabeth DeBlois, M.D.

George Kelemen, M.D.

Donald K. Lewis, M.D.

Daniel Miller, M.D.

Werner Mueller, M.D.

Aram Roopenian, M.D.

Frank R. Shlossberg, M.D.

Herman J. Sternstein, M.D.

Clinical Assistants in Oto-Laryngology

Joseph Alfred, M.D.

Kenneth Kazanjian, M.D.

Charles Kent, M.D.

Edward F. Lawlor, M.D.

Joseph P. McEneaney, M.D.

John F. McKeigue, M.D.

Maurice Ruben, M.D.

Richard C. Webster, Jr., M.D.

Bernard Zonderman, M.D.

Clinical Assistant for Bronchoscopy and Esophagoscopy

Edward B. Benedict, M.D.

Residents in Oto-Laryngology

Hugo D. Angelini, M.D.

Herbert J. Dietrich, M.D.

David G. King, M.D.

Roland Lavoie, Jr., M.D.

Merrill I. Lineback, M.D.

Nathan E. Nachlas, M.D.

Luis Navas, M.D.

John J. Shea, M.D.

Morris Sherman, M.D.

CONSULTING SURGEONS IN OTO-LARYNGOLOGY

Frederick L. Jack, M.D.

Joseph L. Goodale, M.D.

D. Harold Walker, M.D.

Frederick E. Garland, M.D.

Frederick L. Bogan, M.D.

Harry A. Barnes, M.D.

Harris P. Mosher, M.D.

Leon E. White, M.D.

George H. Poirier, M.D.

Edwards Herman, M.D.

Varaztad H. Kazanjian, M.D.

Harold H. Tobey, M.D.

Gustave B. Fred, M.D.

Philip Mysel, M.D.

Anesthetist

Henry K. Beecher, M.D.

Assistant Anesthetist

John H. Tucci, M.D.

Roentgenologist

A. S. Macmillan, M.D.

Consulting Pathologist

Tracy B. Mallory, M.D.

Consulting Physicians

James H. Means, M.D.
F. Dennette Adams, M.D.
Fuller Albright, M.D.
Joseph C. Aub, M.D.
Walter Bauer, M.D.
Chester M. Jones, M.D.
Robert S. Palmer, M.D.
Myles P. Baker, M.D.
Edward F. Bland, M.D.
Earle M. Chapman, M.D.
Greene Fitz-Hugh, M.D.
Maurice Fremont-Smith, M.D.
Francis T. Hunter, M.D.
Alfred Kranes, M.D.
Jacob Lerman, M.D.
Helen S. Pittman, M.D.
Marion W. Ropes, M.D.
Charles L. Short, M.D.
David D. Rutstein, M.D.
Howard B. Sprague, M.D.
James H. Townsend, M.D.
Conger Williams, M.D.
Dana L. Farnsworth, M.D.

Paul C. M. Zamecnik, M.D.
Allen G. Brailey, M.D.
Walter S. Burrage, M.D.
John W. Case, Jr., M.D.
Richard W. Clark, M.D.
Milton H. Clifford, M.D.
Briant L. Decker, M.D.
John H. Fay, M.D.
Reed Harwood, M.D.
William R. Hill, M.D.
Howard B. Jackson, M.D.
Bernard M. Jacobson, M.D.
Richard B. King, M.D.
Sylvester McGinn, M.D.
John P. Monks, M.D.
Milton J. Quinn, M.D.
George P. Sturgis, M.D.
Roy R. Wheeler, M.D.
John W. Zeller, M.D.
Arthur L. Watkins, M.D.
John B. Stanbury, M.D.
Perry J. Culver, M.D.
Lowrey F. Davenport, M.D.

Consulting Dermatologists

Chester N. Frazier, M.D.
G. Marshall Crawford, M.D.
Jacob H. Swartz, M.D.
John Adams, Jr., M.D.

Mildred Ryan, M.D.
Maurice M. Tolman, M.D.
William R. Hill, Jr., M.D.
Walter F. Lever, M.D.

Consulting Pathologists

Tracy B. Mallory, M.D.
Francis T. Hunter, M.D.
Charles S. Kubik, M.D.

Benjamin Castleman, M.D.
Donald C. Sniffen, M.D.
David G. Freiman, M.D.

Austin L. Vickery, Jr., M.D.

Consulting Radiologists

Laurence L. Robbins, M.D.
Milford D. Schulz, M.D.
Stanley M. Wyman, M.D.

James J. MacCort, M.D.
Joseph Hanelin, M.D.
William R. Eyler, M.D.

Consulting Endoscopist

Edward B. Benedict, M.D.

Consulting Bacteriologist

Louis Dienes, M.D.

Consultant in Contagious Disease

Edwin H. Place, M.D.

Consultant in Preventive Medicine

John E. Gordon, M.D.

Consultant in Pharmacology

Otto Krayner, M.D.

Consulting Neurologists

Charles S. Kubik, M.D.
Henry R. Viets, M.D.
G. Colket Caner, M.D.

Madelaine R. Brown, M. D.
Edwin M. Cole, M.D.
Augustus S. Rose, M.D.

Robert S. Schwab, M.D.

Consulting Psychiatrists

Stanley Cobb, M.D.
Erich Lindemann, M.D.
L. Raymond Morrison, M.D.
Paul Howard, M.D.
Lucie J. Jessner, M.D.
Herbert Barry, Jr., M.D.

R. Barry Bigelow, M.D.
Vernon P. Williams, M.D.
Alfred O. Ludwig, M.D.
Henry H. Brewster, M.D.
Volta R. Hall, M.D.
LeMoyne White, M.D.

Consulting Pediatricians

Allan M. Butler, M.D.
Joseph Garland, M.D.
Ralph A. Ross, M.D.
Nathan B. Talbot, M.D.
Arthur Bates Lyon, M.D.
Eli C. Romberg, M.D.
Richard C. Tefft, Jr., M.D.
Francis C. McDonald, M.D.

William J. Turtle, M.D.
Gertrud C. Reyersbach, M.D.
Lee B. Burgin, M.D.
Ralph W. Daffinee, M.D.
Arthur J. Linenthal, M.D.
Edward C. Dyer, M.D.
Louis I. Skirball, M.D.
William McL. Wallace, M.D.

Eleanore C. Zaudy, M.D.

Consulting Surgeons

Edward D. Churchill, M.D.
Leland S. McKittrick, M.D.
Ernest M. Daland, M.D.
Robert R. Linton, M.D.
Horatio Rogers, M.D.
Richard H. Sweet, M.D.
Oliver Cope, M.D.
Grantley W. Taylor, M.D.
E. Parker Hayden, M.D.
Henry H. Faxon, M.D.
Marshall K. Bartlett, M.D.
Ira T. Nathanson, M.D.

Richard H. Wallace, M.D.
Claude E. Welch, M.D.
Bradford Cannon, M.D.
Lamar Soutter, M.D.
Gordon A. Donaldson, M.D.
Ward I. Gregg, M.D.
Edward Hamlin, Jr., M.D.
Fiorindo A. Simeone, M.D.
Fred A. Simmons, Jr., M.D.
Somers H. Sturgis M.D.
Richard Warren, M.D.
Howard Ulfelder, M.D.

Consulting Neurosurgeons

James C. White, M.D.

William H. Sweet, M.D.

Consulting Orthopedists

Joseph S. Barr, M.D.
Armin Klein, M.D.
William A. Rogers, M.D.
Edwin A. Cave, M.D.

Paul L. Norton, M.D.
Otto E. Aufranc, M.D.
Robert J. Joplin, M.D.
Carroll B. Larson, M.D.

John A. Reidy, M.D.

Consulting Urologists

Fletcher H. Colby, M.D.
Richard Chute, M.D.

Sylvester B. Kelley, M.D.
Wyland F. Leadbetter, Jr., M.D.

Howard I. Suby, M.D.

Out-Patient Department

Assistant Director — Joseph S. Lichty, M.D.

Supervisor — Margaret Meenan, R.N.

EYE CLINIC

Glaucoma Section
Orthoptic Section
Perimetry Room
Refraction Room
Tension Room

EAR, NOSE AND THROAT CLINIC

Hearing Test Room
Consultation: Tumor Clinic
Allergy Clinic
Plastic Clinic

Winthrop Foundation and Clinic for the Deaf

CLINICAL RESEARCH

Surgeon in Charge

Philip E. Meltzer, M.D.

Assistant Surgeon

Donald K. Lewis, M.D.

Executive Committee

D. Harold Walker, M.D., *Chairman*

LeRoy A. Schall, M.D.

Harold G. Tobey, M.D.

Moses H. Lurie, M.D.

Philip E. Meltzer, M.D.

REHABILITATION

Howe Laboratory of Ophthalmology

Director

David C. Cogan, M.D.

Staff

V. Everett Kinsey, Ph.D.

Elek J. Ludvig, Ph.D.

W. Morton Grant, M.D.

David D. Donaldson, M.D.

Frederic C. Merriam, Ph.D.

Charles L. Schepens, M.D.

Clayton Black, B.S.

The Boston Eye Bank — Serving New England

Executive Committee

Edwin B. Dunphy, M.D.

Henry Hixon Meyer

Mrs. Lyon Weyburn

William S. Ballard

Brendan D. Leahey, M.D.

General Director: Garrett L. Sullivan, M.D.

Executive Secretary: Miss Olive M. Crowley

Report of the Board of Managers

ELSEWHERE in this Annual Report appear accounts of the improvement in the physical plant which is now in process, of progress in the development of techniques, of free care rendered and of other accomplishments all of which, to my mind, demonstrate that the staff and management of the Infirmary are fully aware of their responsibilities to the Community.

The cost of the physical improvements will be borne in part by a contribution from the United States and in part by gifts to the building fund and the balance will be paid in the first instance from the unrestricted funds of the Infirmary. It is our hope that this justified invasion of principal, amounting to about \$300,000. will be made good in the near future by gifts from those interested in the Infirmary and its work.

COST OF EXPANDING SERVICES

Important though it is, the capital expenditure is over-shadowed by the rising cost of operation. Every new technique, every new medicine and every new service increases our costs and we are not exempt from wage increases and all the other rising costs of our economy. Patients can take some consolation from the fact that their stay at the hospital has been shortened in recent years and their chance of a speedy recovery improved, but the Infirmary must somehow bear the share of those who cannot pay full cost. This burden, though always present, has of late increased rapidly as more and more patients have become unable to pay the cost of hospital and out-patient care. Essential services must be maintained and new ones must be added as their validity is proved. The answer does not lie in curtailment of services but rather in the firm control of expenses and the expansion of receipts.

Consider for a moment the sources of hospital receipts. I know only of the following:—

Private patients. They pay somewhat more than bare cost because of the nature of their quarters.

Ward and Out-patients. They are billed at or slightly less than cost. Many are unable to pay full cost and a substantial number are unable to pay anything.

United Community Services. The funds raised in recent years by this Community Fund have not been sufficient to pay hospitals the full cost of free service rendered to the residents of Metropolitan Boston. In 1948 the Infirmary rendered free care to these residents of \$80,948.28 and its allotment amounted to \$33,400.00. In 1949 the same free care totaled \$84,313.01 and the allotment was \$25,400.00.

Income from endowments. This cannot be increased sub-

stantially unless the principal is enlarged and that can be accomplished only by campaigns which are not permitted by United Community Services without their consent—refused for 1950.

Gifts for Current Operation. Solicitations are not permitted by United Community Services from the public and unsolicited gifts, unless specified for some particular purpose other than current operation, are applied to reduce the allotment from United Community Services.

PLIGHT OF VOLUNTARY HOSPITALS

Much thought is being given in the community to the financial plight of the hospitals and it is important that a solution be found, and that soon. Some help, though it will not be sufficient, will come from increased payments by Blue Cross for care rendered its subscribers and from increased payments by the State and Municipalities for the care of those who are their responsibility. Private patients cannot be expected to carry more of the burden than they do now.

The only answer, therefore, lies in expanded giving. Voluntary hospitals have always been supported by gifts. They must continue to be so supported unless the community desires the government to take over. In that case a government bureau will determine how we are to be cared for in sickness. I believe in a community fund but I feel sure that United Community Services cannot do the job alone and that the hospitals should be free to conduct their own campaigns at some appropriate time during the year in order to raise funds to supplement their allotments from the United Community Services.

The building improvements which are now underway will not answer all our needs. The isolation ward and residents' quarters in the Gardner Building, the laboratories, the library and the space assigned to the management are all inadequate. It is my hope that the Infirmary and its neighbor, the Massachusetts General Hospital, will shortly construct together a new laundry which will free for other uses the area in our basement now devoted to that purpose. It is also my hope that the Infirmary in the near future may undertake the construction of an addition to provide modern accommodations for the isolation ward, the residents, the laboratories, the library and teaching. The rooms now occupied by the laboratories and library adjoin the executive offices and upon completion of such an addition this space will provide adequate accommodations for the management.

HENRY HIXON MEYER
President

Ladies Visiting Committee

AT THE Annual Meeting on December 14, 1949, the Ladies Visiting Committee had \$2,569.23 in our running account. This was, in most part, the proceeds of the previous Rummage Sale which amounted to nearly \$1900. We figured our budget for the year at about \$1500 and from it have continued our regular donations to the Social Service and Occupational Therapy departments.

In addition, we have during the past year continued to supply flowers for the Information Desk, magazines and papers for the Nurses' Residence, donations for the Thanksgiving and Christmas parties and presents for all the patients who were in the wards on Christmas Day. Mrs. Reginald Foster very generously donated a new and much needed sewing machine for the nurses.

Through the Social Service Department, we have made two gifts to Miss Winifred Glidden, a retired employee of the hospital who worked at the front desk for about 25 years and was devoted to the Infirmary. She is now on Old Age Assistance which obviously cannot provide her with any extras. Therefore, we paid \$30 for a brief vacation for her

last summer and sent her another \$25 for Christmas.

Thanks to the efforts of Mrs. Franklin A. Reece, the United Shoe Machinery Company has generously offered to make a stamp and to cut the eye pads needed by the Infirmary. Members of the Committee worked at the Nurses' Residence preparing the cotton for cutting and the United Shoe Company has now cut enough pads to last a year. This whole project, Mr. Hill believes, will save the Infirmary about \$1000 a year.

Our biggest project this year was the planning and furnishing of a sitting room for the House Officers' flat. Previously the residents who stayed at the hospital during their time on call had no suitable space or facilities in which to relax. We had a partition removed to make sufficient room, a tile floor laid, and the whole room painted. Next we furnished the room with a comfortable red leather sofa, two arm chairs, lamps, tables and a television set. The results are gratifying to us all and the young doctors are most appreciative.

HELEN M. SARGENT

Chairman, Ladies Visiting Committee

LADIES VISITING COMMITTEE 1950

<i>Chairman</i>	.	.	.	.	.	.	.	.	.	Mrs. Francis T. Hunter
<i>Vice-Chairman</i>	.	.	.	.	.	.	.	.	.	Mrs. Harold Peabody
<i>Secretary</i>	.	.	.	.	.	.	.	.	.	Mrs. Franklin A. Reece
<i>Treasurer</i>	.	.	.	.	.	.	.	.	.	Mrs. William B. Snow

Mrs. Arlie V. Bock
Mrs. John Bryant
Mrs. Harry P. Cahill
Mrs. Moses F. Carr
Mrs. Nathaniel D. Clapp
Mrs. Henry E. W. Cunningham
Mrs. Richard C. Curtis
Mrs. John Cutter
Mrs. Livingston Davis
Mrs. Weld Douglass
Mrs. Edwin B. Dunphy
Mrs. Henry Erhard
Mrs. John W. Farley
Mrs. Henry H. Fay
Mrs. Reginald Foster
Mrs. Trygve Gundersen
Mrs. George F. Hall

Mrs. Samuel S. Hall, Jr.
Mrs. Harold L. Higgins
Mrs. Edmund J. B. Huntoon
Mrs. Charles I. Johnson
Mrs. Varaztad H. Kazanjian
Mrs. Henry Loomis
Mrs. Andrew Mason
Mrs. William W. McCarthy
Mrs. Henry D. Minot
Mrs. Henry W. Minot
Mrs. Noel Morss
Mrs. Harris P. Mosher
Mrs. Alfred Peabody
Mrs. John R. Richardson
Mrs. Arthur L. Richmond
Mrs. Edward J. R. Ropes
Mrs. Ernest Sargent

Mrs. Sullivan A. Sargent
Mrs. LeRoy A. Schall
Mrs. Henry R. Scott
Mrs. Reginald H. Smithwick
Mrs. Leslie Soule
Mrs. Channing Swan
Mrs. Thomas C. Thacher, Jr.
Mrs. John E. Thayer
Mrs. Benjamin A. G. Thorndike
Miss Rosanna Thorndike
Mrs. Robert Truesdale
Mrs. F. H. Verhoeff
Mrs. Ralph Waterman
Mrs. Lyon Weyburn
Mrs. Roy R. Wheeler
Mrs. Gordon K. White
Mrs. John I. Wylde

Honorary Member
Miss Sally Fairchild

Report of the Treasurer

THE accompanying figures reflect, for the first time, an increase in our fixed assets due to the commencement of the new construction and improvements which are being paid for by the use of the Building Fund, the contribution from the U. S. Government, and the general endowment funds in the Infirmary.

As stated elsewhere in the Report, the year 1949 was an unusual one due to the disruption of normal activities. It is hoped that when full scale operations are resumed the deficits of recent years can be eliminated or greatly reduced.

Income from invested funds has been maintained at a high level, but the application of some

of our endowment funds to the new construction will result in a lower income in the immediate future unless these capital funds can be replaced, as we hope, from additional gifts and bequests.

Herewith is submitted a condensed statement of assets and liabilities of the Infirmary as of January 1, 1950, and the income and expenses of the year 1949 as prepared by our auditors, Messrs. Patterson, Teele and Dennis. These statements are accompanied by an analysis of the investments in securities as of December 31, 1949 as prepared by the Treasurer.

HORACE W. FROST,
Treasurer

Summary of Investments

(not including Building Fund)
AS OF DECEMBER 31, 1949

BONDS:	<i>Book Value</i>	<i>Market Value</i>	<i>% Market Value</i>
U. S. Government	\$ 459,030.00	\$ 455,920.00	17.7%
Canadian	19,172.00	21,400.00	.8%
Railroad	305,946.00	276,900.00	10.7%
Public Utility	88,125.00	84,210.00	3.2%
Industrial	86,271.00	87,760.00	3.4%
TOTAL BONDS	\$ 958,544.00	\$ 926,190.00	35.8%
PREFERRED STOCKS	\$ 131,132.00	\$ 129,950.00	5.0%
COMMON STOCKS:			
Railroad	\$ 122,577.00	\$ 128,300.00	4.9%
Public Utility	298,778.00	330,460.00	12.8%
Industrial	501,192.00	669,847.00	26.0%
Bank, Insurance and Miscellaneous	268,859.00	318,480.00	12.2%
	\$1,191,406.00	\$1,447,087.00	55.9%
WINTHROP FUND: (Securities and Cash)	\$ 85,372.00	\$ 79,560.00	3.0%
WEBER FUND: (Securities and Cash)	9,100.00	8,736.00	.3%
	\$2,375,554.00	\$2,591,523.00	100.0%

Income Account

FOR THE YEAR ENDED DECEMBER 31, 1949

HOSPITAL INCOME AS PER DIRECTOR'S REPORT		\$786,152.72
Less: Hospital operating expenses as per Director's report (after deducting provision of \$4,500 for deferred maintenance)	\$ 979,434.57	
Hospital operating expenses charged directly against Permanent Funds ..	33,128.79	
Deduct: Hospital operating expenses chargeable against Funds:	\$1,012,563.36	
Permanent Funds — Income	\$ 9,703.71	33,128.79
Permanent Funds — Principal	23,425.08	
NET HOSPITAL EXPENSES		979,434.57
EXCESS OF HOSPITAL EXPENSES OVER INCOME		\$193,281.85
Income from investment securities, less income applicable to Restricted Funds not expended	\$ 107,842.46	
Receipts from United Community Services, Committee of the Permanent Charity Fund, Inc., Estates of Elisha V. Ashton, G. Gorham Peters and Albert E. Pillsbury (excluding contributions for special purposes)	36,000.00	
	\$ 143,842.46	
Less: Treasurer's Disbursements	6,164.11	137,678.35
EXCESS OF EXPENDITURES OVER INCOME ACCOUNT		\$ 55,603.50
OPERATING ANALYSIS	1949	1948
Income from Patients	\$ 915,431.00	\$912,165.77
Income from Other Sources	37,532.64	30,181.90
TOTAL GROSS HOSPITAL INCOME	\$ 952,963.64	\$942,347.67
Allowances to Patients for free care	\$ 129,729.67	\$120,760.49
Further deductions for bad debts	21,330.00	24,177.54
Allowances to Blue Cross and other agencies	15,750.29	30,662.28
TOTAL FREE SERVICE	\$ 166,810.92	\$175,600.31
NET INCOME	\$ 786,152.72	\$766,747.36
Salaries and Wages	\$ 534,141.33	\$490,070.15
Supplies and Expenses	257,992.35	248,129.59
Out-Patient Department Expenses	179,744.39	160,107.86
TOTAL OPERATING EXPENSES	\$ 971,878.07	\$898,307.60
Hospital Operating Deficit	\$ 185,725.35	\$131,560.24
Extraordinary Expenses	7,556.50	59,992.50
TOTAL HOSPITAL DEFICIT	\$ 193,281.85	\$191,552.74

Balance Sheet

DECEMBER 31, 1949

ASSETS:

Land and buildings, book value		\$	491,741.99
Construction in progress			203,164.90
Investments, book value:			
Securities:			
Building Fund	\$	100,062.45	
Other Funds		2,375,554.53	\$2,475,616.98
Interest in parcel of real estate		1.00	2,475,617.98
Cash on hand:			
Capital:			
Building Fund	\$	31,341.55	
Other Funds		194,453.81	\$ 225,795.36
Income		12,434.03	238,229.39
Accounts receivable:			
Patients (less reserve)	\$	30,968.64	
Miscellaneous		5,170.26	36,138.90
Inventory of supplies, etc.			13,873.49
TOTAL ASSETS			<u>\$3,458,766.65</u>

FUNDS AND LIABILITIES

Advances from patients	\$	161.60
Accounts payable and accruals:		
Construction	\$	91,357.67
Other		33,172.15
General Fund		1,743,259.38
Permanent Funds — Income Restricted		466,070.29
Permanent Funds — Income Unrestricted		916,655.40
Building Fund — Income Restricted		131,404.00
Special Purpose Funds		64,252.13
Unexpended Restricted Income of Permanent Funds		12,434.03
TOTAL FUNDS AND LIABILITIES		<u>\$3,458,766.65</u>

Report of the Director

It is gratifying to report that the construction of the new operating rooms and floor of private rooms, started on August 23, 1949, is progressing satisfactorily. Although somewhat delayed by the steel strike in October, we anticipate completion in the early summer with the probability that we will be using the new operating rooms in the spring.

The construction at times has caused disruption in the normal activities of the hospital and nearly all departments were affected. Many were forced to move to temporary quarters. The staff and personnel, however, have put up with these inconveniences almost gladly in anticipation of the improvements in the physical facilities of the hospital.

The service to patients has been carried on without interruption as a result of space made available by the Massachusetts General Hospital at Baker Memorial, Burnham and the Out-Patient operating room. The Nursing Office, Dietary and Housekeeping personnel of the Infirmary moved over with the patients and continued to care for them in the new quarters in most instances. Patients at Baker are being admitted through the Infirmary Admitting Office and all records and accounts are handled by the Infirmary Accounting Office. Nursery patients, moved to Burnham 4, 5 and 6 on August 29 are admitted through our Admitting Office but the children are under the care of the MGH Nursing Department.

Ward patients on the Ear, Nose and Throat Service now use the two operating rooms with adjoining recovery room which were made available in the Out-Patient Department. Ward eye patients continue in the Infirmary eye operating room on the second floor which has not been disturbed by the construction. With the exception of the distances involved, transfers have worked out most satisfactorily.

These arrangements have made it possible for the Infirmary not only to care for patients but to keep its own personnel intact awaiting the completion of the construction. It has also allowed revenue producing departments, such as X-ray, laboratories,

anesthesia to continue operating without drastic reduction in income.

ABNORMAL FINANCES

Financially 1949 must be considered an abnormal year because of the reduction in occupancy occasioned by the construction program. This may be illustrated by the following figures on patients days over the last three years:

Patient Days:	1949	1948	1947
Private	12,702	14,141	14,412
Ward	30,843	35,143	33,737
TOTAL	43,545	49,284	48,149

A major part of the deficit of \$55,000, of which \$7,000 was for extraordinary expenses, came in the last four months of the year after the construction began. As completion is scheduled for July 1, 1950, next year also will be abnormal.

In order to conform to our policy of basing charges on cost, it was necessary to increase room rates twice during the year. A revision was also made in operating room rates when in August they were changed from a previous flat rate per operation to a graduated scale based on the length of time for each operation.

Room Rates:	Increases in January 1949	Increases in August 1949
Ward	\$8 to \$9	no increase
Semi-private, 4 bed	\$10 to \$11	\$11 to \$13
Semi-private 2 bed	no increase	\$12 to \$13 and \$15
Private	\$12 to \$14	\$14 to \$17 and \$18
OPD clinic visits	\$2 to \$2.25	no increase
Emergency	\$2 to \$2.25	no increase

Operating Room Rates:	Increases in January 1949	Increases in August 1949
Ward	no increase	\$10 to \$10-\$25
Private	no increase	\$11 to \$15-\$30

PERSONNEL CHANGES

Following the custom in most teaching hospitals throughout the country, the Infirmary in 1949 for

the first time paid a small salary to Residents during the last 24 months of their service.

The 40 hour work week for nurses with overtime pay and wages paid weekly instead of monthly appears to be popular and although the shortage of nurses in the Infirmary still exists, it is not quite as desperate as it was the previous year.

Dr. Faxon retired on October 1, 1949, after 15 years as Director of the Infirmary. All the personnel of the hospital family will miss his wise counsel and friendly leadership.

In December Miss Frances Hernan was made Credit Manager at both the Infirmary and the Massachusetts General Hospital.

PARKING

In my last annual report I mentioned that the installation of parking meters along Charles Street seriously increased the Infirmary's parking problem. During this year arrangements were made with the Traffic Commissioner to convert the grass island in front of the hospital into a staff parking space. Plans were being drawn when the Metropolitan District Commissioner authorized the construction of a super-highway to pass directly through this proposed parking space and therefore, the Traffic Commissioner has informed us no action can be taken.

We are now requesting minor changes in the parking layout of the new super-highway which we trust will solve our problem after construction is completed. In the meantime, however, use of the parking meters and the inadequate space at the Nurses' Home appear to be the only facilities available.

OPTICAL SHOP

Little have been said about the Infirmary's Optical Shop in recent years so I am taking this opportunity to briefly summarize its function. It was started in 1915 to fill prescriptions for glasses by staff doctors caring for patients in the Out-Patient Department. By having its own shop, the Infirmary could feel confident that prescriptions were filled correctly and patients were getting glasses at reasonable prices.

Last year 5388 glasses were dispensed and 2563 were repaired, making a total of 7951. The personnel of the shop consists of Mr. Maver who has been with the Infirmary for over 30 years, and three other

men. Patients refracted at the Infirmary bring their prescriptions to the shop to be filled and when, after a few days, their glasses are ready, the patient returns to have them adjusted. If a patient is unable to pay in full for glasses, they are referred to the Social Service Department where rotating funds are available for loans which later are repaid. Employees of the Infirmary and also the Massachusetts General Hospital are allowed to purchase their glasses from the shop at a slight discount.

Although physically located in the Out-Patient Department, the shop is financed entirely by the Infirmary. For this reason, supervision was transferred from the Out-Patient Department to the Director of the Infirmary during this year.

FUTURE REVENUE POSSIBILITIES

Payments from Public Assistance cases were increased during the year from \$8.00 to \$10.00 a day. Although these payments have risen in a short period of time from \$6.00 to \$8.00 to \$10.00, they still fall far short of reimbursing our hospital for cost. At the new rate, the Infirmary will lose \$5.57 for each patient day on these cases.

In this connection, the Hospital Council of Metropolitan Boston recently adopted the following statement of policy:

"As a fair and necessary objective to be sought in the interest of all citizens in the community: Municipal and State tax-supported agencies should pay the cost of in-patient and out-patient services furnished by voluntary non-profit hospitals and dispensaries to patients in all categories of public assistance (General Relief, Old Age Assistance, Aid to Dependent Children), for whom such tax-supported agencies have assumed responsibility . . . When a municipal or state welfare agency legally assumes responsibility for the care of persons by placing him in one of the three relief categories, its obligation is to provide for his human needs. The cost of his care in a hospital is as much the welfare agency's obligation as is the cost of his groceries, clothing, rent, etc. . . . Otherwise private charity is subsidizing a public body in the performance of its legal duty. . . . To call upon voluntary non-profit hospitals to pay part of the cost of hospital care of persons for whom responsibility has been assumed by tax-supported agencies, constitutes a heavy annual drain on the resources of the voluntary hospitals, restricts their ability to serve the medically indigent and prejudices their continued existence."

The Infirmary, after the new construction, will have a higher ratio of private beds to ward beds which should assist the hospital to balance its budget again in 1951, assuming that occupancy, which in the past has been relatively steady, will continue at the 1948 rate, the last normal year. Recently, there have been indications of patient resistance to rising hospital charges, as shown by fewer outpatient visits, a reduction in the waiting list of private patients and a general decrease in elective surgery. A similar falling off has been reported by other hospitals in the Boston area, but it is too early yet to tell whether this is the start of a continuing trend or a temporary reflection of unemployment in

Massachusetts, which slumped during the spring and summer but which at present seems to be on the up grade again.

In conclusion, I would like to emphasize the importance of this higher ratio of private beds which will exist after the new construction is completed. The additional income from this source will leave the Infirmary in a much stronger position to withstand the financial problems which are facing all voluntary hospitals today.

FRANCIS S. HILL
Director

Year's Calendar of Events

- | | |
|-----------|--|
| January | 1 — 40 hour week for nurses with extra pay for overtime.
16 — Out-Patient Department rates up to \$2.25 per clinic visit. |
| February | 9 — Annual meeting of Managers and Corporation. Appointments for the year. |
| March | 21 — Executive Committee voted to pay Residents after their first 3 months of service. |
| April | 13 — Corporation Meeting marking 125th anniversary of the Infirmary. |
| May | 12 — National Hospital Day Open House with birthday cake celebrating 125th anniversary. |
| June | 8 — Francis S. Hill appointed as Director of the Infirmary, to succeed Dr. Faxon. |
| July | 25 — Letting of contracts to Sawyer Construction Co. for remodeling and building. |
| August | 15 — Building Program began.
Private patients moved to Baker, children moved to Burnham. |
| September | — Dr. David G. Cogan and Dr. S. Forrest Martin of Ophthalmological Staff appointed by the Atomic Bomb Casualty Commission to conduct a survey on cataracts in Japan. |
| October | 1 — Retirement of Dr. Faxon as Director of the Infirmary.
15 — Preview of film on "Rehabilitation of the Laryngectomized Patient" at Board of Managers and Corporation meeting. |
| November | 15 — Joint meeting of the New England Ophthalmological and Oto-Laryngological Societies.
16 — Infirmary Alumni luncheon. |
| December | 21 — Christmas party and presentation of ship's clock to Dr. Faxon in appreciation of his 15 years of service to the Infirmary. |

Gifts and Bequests for 1949

THE Massachusetts Eye and Ear Infirmary is grateful for all gifts, large and small. We appreciate the thoughtful friends who send glasses no longer used . . . the many contributors, from the patient who leaves a few dollars for the Free Bed Fund . . . to the loyal supporters who give generously year after year.

Because of space limitations, only financial gifts of \$50 and over, given during the year 1949, will be listed in this Annual Report.

AMERICAN CANCER SOCIETY, Massachusetts Division		Women's Italian Club of Boston	100.00
Esophageal Voice Class	\$3,600.00	6 other gifts	42.00
Ginger Ale Fund (for Esophageal Voice Class)	100.00	(L. C. Abruzzese, Inc.; Loggia Eleanora Duse 1690; Miss Nora Lynskey; St. Nicola Soc.; Loggia Umberto 1)	
Social Service	850.00	Total	\$ 442.00
Total	\$4,550.00	ESTATE OF G. GORHAM PETERS	2,800.00
AMERICAN OPTICAL RESEARCH FUND for the Retina Service	7,220.00	ESTATE OF ALBERT E. PILLSBURY	500.00
ESTATE OF ELISHA V. ASHTON	2,300.00	DR. MERRILL J. KING PATIENT FUND	
AURAL SURGEONS FUND		Miss Maude E. Appleton	500.00
Mrs. Theodore E. Brown	500.00	MOSHER LABORATORY RESEARCH FUND	
BOSTON EYE BANK FUND		Mrs. Theodore E. Brown	\$2,000.00
Mrs. Ruth La Croix Darling	\$ 100.00	Godfrey M. Hyams Trust (for use in 1950)	2,500.00
Dr. Dunphy	100.00	Total	4,500.00
Junior League of Boston (for refrigerator)	150.00	NELSON WEEKS FUND	1,000.00
Mrs. Arthur O. Wellman	500.00	OTOSCLEROSIS FUND	
87 other gifts (memberships and renewals)	383.20	E. D. Knapp	250.00
Total	1,233.20	PERMANENT CHARITY FUND	
CANCER FUND FOR SOCIAL SERVICE		Social Service	\$ 750.00
Miss Charlotte McLaughlin	200.00	General Fund	5,000.00
CHRISTMAS FUND		Total	5,750.00
Ladies Visiting Committee	\$ 100.00	PREMATURE BABY FUND	
Estate of Lotta Crabtree	80.00	J. H. Callan	\$ 100.00
5 other gifts	37.00	Gertrude Shelley	100.00
Total	217.00	8 other gifts	94.00
DEAN FOUNDATION FOR DESTITUTE LITTLE CHILDREN	1,750.00	Total	294.00
DR. DUNPHY TESTIMONIAL FUND		RETINA FUND	
R. G. Terry	500.00	Individual gifts not reported	1,434.32
FREE BED FUNDS		SHAW PORTRAIT FUND	
Miss Delia McMann	\$ 60.00	Charles L. Barlow	\$ 75.00
Massachusetts Charitable Fire Society	50.00	Quincy B. Shaw	75.00
Mrs. Geoffrey G. Whitney	200.00	Total	150.00
Total	310.00	DR. WEILLE FUND	
GLASSES FUND		William S. Eaton	\$ 500.00
Albert Stone, Jr.	1,000.00	Anonymous	1,000.00
DR. GOODALE PATIENT FUND		Miss Amelia Peabody	5,812.36
Miss Charlotte Peirce	150.00	Total	7,312.36
ITALIAN MEMORIAL FUND for Cancer of the Throat		WINTHROP FOUNDATION	
(total fund: \$12,471.65)		Fenestration Patients' Club	\$ 75.00
Italian American Charitable Society	\$ 200.00	Irwin Litowsky	100.00
Jr. Mrs. Club	100.00	Norman B. Tobias	200.00
		2 other gifts	50.00
		Total	\$ 425.00

Department of Ophthalmology

THE YEAR 1949 marked the completion of the first course in our new School of Orthoptics which was inaugurated in October, 1948 in collaboration with Simmons College. Our three students completed the academic year successfully and it is a source of pride to the Infirmary that they all did extremely well in their qualifying examinations held by the American Orthoptic Council. The success of this venture insures the continuance of the school in the future.

The Orthoptic department, under the able direction of Miss Anne Stromberg, has had an amazing growth. A total of 4521 patient visits occurred during the year. Miss Stromberg not only runs this department but is in charge of the students of the Orthoptic School.

In the Outpatient Department, in spite of increased admission fees, the Eye Clinic held its own, their being 36,312 patient visits during the year. This was the only clinic in the combined out-patient department that showed no loss from the previous year. The seating arrangement in the clinic has been changed around increasing the efficiency of handling patients. The new decoration has added greatly to the whole atmosphere of the Clinic. Miss Eunice Grant continues as chief nurse assisted by Mrs. Robert Griesemer.

The aniseikonic clinic has been temporarily disbanded to make space available for other purposes. The equipment has been loaned to Dr. Easton who performs the tests in his office.

The Perimetry Room, directed by Dr. Garrett Sullivan, assisted by Dr. Francis West, performed 1612 visual field examinations during the year.

Several changes were effected in the Refraction Department. It was felt that more adequate supervision was needed and that more teaching should be made available to the residents. To this end three members of the visiting staff were assigned to the Refraction Room, each serving one morning a week in lieu of one of their days in the Eye Clinic. Dr. Albert Sloane continued giving his weekly lectures to the residents, a number of these talks being published in the American Journal of Ophthalmology. Patients refracted during the year reached the total of 9,237 about the same as the preceding year. Resi-

dents refracted 43% of these, while the remaining 57% were refracted by the paid refractionists.

SPECIAL RETINA SERVICE

The special Retina Service has been a very active department of the Infirmary, 345 patients being examined during the year. Dr. Charles Schepens has done full time work on this service which is under the direction of the Board of Surgeons. The American Optical Company and the Veterans Administration have made funds available for research on a number of projects associated with separated retina. Dr. Antonio Grignolo, assistant chief of the eye department at the University of Pavia, Italy, is working with Dr. Schepens on one of these projects.

The Boston Eye Bank, affiliated with the Eye Bank for Sight Restoration of New York City, received 90 eyes during the year and 11 more hospitals became affiliated with the program. Dr. Garrett Sullivan continues as Director and Miss Olive Crowley as the Executive Secretary. For details of the program the reader is referred to the special Eye Bank report.

In the Eye Pathology Laboratory, Dr. Parker Heath and his staff have been constantly expanding the scope of their activities. 549 tissue specimens were examined, 240 of these being sent in from other hospitals for diagnosis. Dr. Heath has undertaken the training of two young doctors in ophthalmic pathology. These men were appointed as Fellows in Ophthalmic Pathology for one year.

The Department of Ophthalmology has always emphasized training of young doctors as one of its most important functions, equally important to taking care of the sick. We have been especially fortunate in having a fine group of residents, who, I am sure, will go out to be leaders in their communities. The demand for residency training continues unabated and we have many more applicants than we can ever hope to take care of. In addition to this, postgraduate teaching puts heavy demands on the staff which they have accepted cheerfully.

E. B. DUNPHY, M.D.
Chief of Ophthalmology

Department of Oto-Laryngology

THIS Department was probably the most seriously displaced of all this year by the beginnings of the much needed reconstruction of the Infirmary. However, in spite of having to face temporary operating rooms in the Out-Patient Department as well as the other disruptions, there were but few complaints and the workings of the Department, although handicapped, ran smoothly.

EXPANDING LABORATORY FACILITIES

On the credit side for 1949 may be listed, first the Bacteriological Laboratory. The great advance of the sulphomides and the anti-biotics made good bacteriology a must. With Miss Mangiaracine as bacteriologist, our laboratory is our pride and the envy of the associated hospitals. More than ever, the past year has demonstrated many times the importance of determining the sensitivity of organisms in the selection of the proper anti-biotic.

For the past year, all chemical and tissue work has been done in our own Mosher Laboratory, with consultation service being rendered by the Massachusetts General Hospital. The Laboratory Resident spends three months in the Laboratory. His duties are to be present at the operation, obtain the specimen, follow it through to final diagnosis. It is his duty, too, to see that the laboratory report reaches the patient's record. Also, during the post-graduate course at the medical school, he attends the lectures and the afternoon classes.

Dr. Werner Mueller has made the laboratory function smoothly while Miss Dorothy Linden, whose work continues to be of the highest quality, is now laboratory technician, devoting part of her time to research problems. For example, one of the causes of congenital deafness is German measles in the early months of pregnancy and so two embryos, from mothers with German measles, have been sectioned and the internal ear studied.

Dr. George Keleman, continuing his study of the nasal cavities of laboratory animals, completed his work on rats and guinea pigs and will soon start on rabbits. Dr. M. H. Lurie, in his study of deafness, is working on an evaluation of the effect of streptomycin on the organ of hearing.

EFFECTIVENESS OF COMBINED CLINIC

The wisdom of combining the Ear and Nose and Throat clinics is yearly becoming more and more self-evident. The problems involving the ear are inseparable from those of the nose and throat. Delays encountered in referring an ear case from the nose and throat clinic to the ear clinic and vice versa, are avoided while the patient is saved the time and cost of another referral. The entire problem is handled by the one physician, just as he is expected to do in private practice.

As far as possible, the attending oto-laryngologist sees his own patients on each visit, so that he can more accurately judge the effectiveness of his treatment, and follow the progress of the patient.

WINTHROP FOUNDATION AND CLINIC FOR THE DEAF

The work of rehabilitation for the hard of hearing patient, begun as far back as 1940, and today in part financed by the generous interest of Mr. Frederic Winthrop, continued under the direction of Dr. Philip E. Meltzer who has been relieved of his other staff duties and assigned as Surgeon in Charge of the Winthrop Foundation and the Clinic for the Deaf since 1945. Dr. Bernard Zonderman is the newest member of the medical staff working with Dr. Meltzer. In addition to the careful selection of cases for the fenestration operation and the exact evaluation of results, the education of pre-school deaf children has been the biggest challenge in this work.

With all handicapped children there has always been an attempt to overcome the handicap by education. This perhaps is even more true with deaf children because it is essential for him to have certain types of training in order for him to be able to communicate with others. He, therefore, is apt to experience formal teaching much earlier than some other handicapped children, starting with speech and lip reading at age three and entering schools for the deaf at four.

The present facilities for service to the deaf child are:

- a—Diagnostic and treatment service geared to the deaf child.
- b—Psychometric testing, adopted to the handicap of deafness.
- c—Rehabilitation.

Speech and auditory training is given on an individual basis in the afternoon by three speech teachers trained in schools for the deaf, who take individual children by special appointment. Until this year, this was the only speech training service offered to the hard of hearing child outside of schools for the deaf in Massachusetts.

CANCER REHABILITATION

The loss of the larynx used to be considered a major tragedy but today, the surgeon's duty to the patient does not end with his surgery. For the past 10 years, we have endeavored to rehabilitate the patient by teaching him to talk again, and for some years now, we have taught the so-called esophageal voice method of sound production. Our first instructor, Mr. Willard White, himself a laryngectomized patient, is now with the National Hospital for Speech Disorders in New York.

Five years ago, Mrs. Mary E. Doehler was unfortunate in having to undergo a laryngectomy for cancer of the larynx. Aided by her experience as a teacher, she soon became proficient in speaking again. Now, through a grant from the Massachusetts Division of the American Cancer Society, she devoted all her time this past year to teaching esophageal voice classes. In 1949, her pupils numbered 51 and came from all over the United States. Most of these patients do learn to talk again and are able to return to their former jobs.

CLINICAL CONFERENCES AND TEACHING

The Wednesday clinical conference continues to be well attended, attracting oto-laryngologists from all New England. The free and frank discussion of our problems of the week has fostered such a spirit of understanding and good will that any competition between the staffs of the various hospitals has been eliminated. The spirit of unity among oto-laryngologists is indeed unique.

The Infirmary is still attracting students from all over the world. Dr. Albert Candiotti of France, Dr. Rafael Yockteng of Peru, Dr. Jesus Rivas of Venezuela, are spending a year in post graduate study. Shorter visits have been made by doctors from India, Australia, South Africa and England.

Our graduates are in demand for positions of honor and of trust and 18 of them hold offices in ranking professional organizations. The past year has seen Dr. Philip E. Meltzer (Aural 1919) President of the American Otological Society; Dr. LeRoy A. Schall, President of the American Broncho-Esophagological Association, Vice-President of both the American Laryngological Association and the American Board of Oto-Laryngology; Dr. Robert L. Goodale (Oto-Lar 1926) President of the New England Oto-Laryngological Society, and Dr. Gordon D. Hoople (Oto-Lar 1926) Secretary of the American Otological Society.

We regret that due to health, Dr. Philip Mysel resigned from the active staff. His interest in the Infirmary continues and his appointment as a Consulting Surgeon climaxes a long and devoted service to this hospital. The promotions of Dr. Vincent J. Kelley, Dr. J. Charles Drooker, Dr. Josiah E. Quincy, Dr. Calvin M. Cerrato, Dr. Aram Roopenian, Dr. Frank R. Schlossberg and Dr. John E. McKeigue during the year are well merited advancements.

LEROY A. SCHALL, M.D.
Chief of Oto-Laryngology

Twenty emergency treatments were given during one average day in 1949, for accidents that included a broken nose, a penny lodged in a child's throat, flash burns, glass in a workman's eye. Each day, on an average of 15 men, women and children underwent operations that often saved them from blindness or deafness.

X-Ray Department

THE work of the Department continued along its established pattern during this year. In spite of alterations and the subsequent inconveniences, the total number of patients served increased.

The facilities of the Department continued to be utilized for the instruction of undergraduate and graduate students. The interest shown by the Residents on both the Eye and the Nose and Throat Staffs was as gratifying and stimulating as always,

and X-ray residents from other hospitals came to this Department for special training. Also, an increasing number of visitors from foreign countries came to the X-ray Department of the Eye and Ear Infirmary as the prearranged place for their training in this country.

During October, the Roentgenologist gave an instruction course at the American Roentgen Ray meeting in Cincinnati.

STATISTICAL REPORT:

Thymus	651
Mastoids	1,210
Sinuses	2,087
Teeth	178
Foreign Body of the Eye	217
Chest	1,046
Esophagus	241
Skull	166
Naso-pharynx	242
Jaws	100
Nose	144
Rx	102
Lipiodol Injection	28
Neck	322
Miscellaneous	75
Petrous	69
Optic Canals	81
Temporo-Mandibular Joints	40
Long Bones	12
Spines	40
Abdomen	41
<hr/>	
Number of Examinations	7,092
Number of Patients	6,106
<i>Bouginae:</i>	
Number of Treatments	265
Number of Patients	50
TOTAL TREATMENTS	7,357
TOTAL NUMBER OF PATIENTS	6,156

A. S. MACMILLAN, M.D.
Roentgenologist.

Comparative Statistics

HOSPITAL

	1949	1948
Ward Patients—Eye cases	1,972	1,959
Ear, Nose and Throat cases	1,877	2,130
ADMITTED TO WARDS	3,849	4,089
Private Patients—Eye cases	1,184	1,308
Ear, Nose and Throat cases	1,112	1,213
PRIVATE PATIENTS	2,296	2,521
TOTAL PATIENTS ADMITTED	6,145	6,610
Operations, ward patients—Eye cases	1,954	2,075
Ear, Nose and Throat	1,858	2,145
Operations, private patients—Eye cases	745	815
Ear, Nose and Throat	996	1,058
TOTAL OPERATIONS	5,553	6,093

OUT-PATIENT DEPARTMENT

Out-Patient—Eye Clinic—new patients	5,436	5,871
Ear, Nose and Throat Clinic—new patients	3,820	4,396
TOTAL OUT-PATIENT NEW PATIENTS	9,256	10,267
Out-Patient—Eye Clinic—revisits	40,039	39,471
Ear, Nose and Throat Clinic—revisits	23,110	24,457
TOTAL OUT-PATIENT REVISITS	63,149	63,928
Out-Patient—Eye Clinic visits	45,475	45,342
Ear, Nose and Throat Clinic visits	26,930	28,853
TOTAL OUT-PATIENT CLINICAL VISITS	72,405	74,195
Out-Patient Operations—Eye Cases	860	771
Ear, Nose and Throat cases	612	409
TOTAL OUT-PATIENT OPERATIONS	1,472	1,180
Emergency patients admitted to hospital	412	363
PATIENTS ADMITTED TO EMERGENCY WARD	5,176	5,080

Comparative Statistics

	1949	1948
Patient days care—Wards	30,843	35,143
Private	12,702	14,141
TOTAL PATIENT DAYS CARE	43,545	49,284
Average number of patients treated daily—Wards	84	96
Private	35	39
TOTAL AVERAGE NUMBER PATIENTS TREATED		
DAILY	119	135
Average number of days patients remained—Wards ..	8	8+
Private ..	5+	5+
Beds available and percent of occupancy—Wards	102 66%	123 70%
Isolation ..	18 43%	18 53%
Private	35 78%	50 79%
TOTAL BEDS AVAILABLE	155	191
Per capita cost per day—Wards, routine care	\$12.06	\$9.96
Wards, special services	3.51	3.27
TOTAL COST PER DAY PER WARD PATIENT	\$15.57	\$13.23
Per capita cost per day—Private, routine care	11.28	9.11
Private, special services	3.57	3.10
TOTAL COST PER DAY PER PRIVATE PATIENT	\$14.85	\$12.21
CONDITION OF WARD PATIENTS ON DISCHARGE:		
Died	12	10
Autopsies	50%	50%
Against advice	10	6
Discharged	3,847	4,112
WARD PATIENTS' DAYS TREATMENT:		
Reckoned from discharge payments:		
Paying patients	14,861 49%	20,097 59%
Part paying patients	9,928 33%	9,217 27%
Free patients	5,556 18%	5,018 14%
Percentage of free care*—House	11.8%	10.5%
Out-Patient	23.7%	25.2%
TOTAL FREE CARE *	15.4%	14.8%

*Compiled on dollar value, not including Blue Cross.

Out-Patient Department

COMPLETE redecoration and partial remodelling of the Eye Clinic was the outstanding accomplishment in the Infirmary's portion of the Combined Out-Patient Departments. A portion of the large Refraction Room was added to the area of Orthoptics to provide vision lanes and more working space for that expanding activity. Another partition transferred part of the teaching dark room to the offices of the Retina Service. The Perimetry and the Operating Rooms were interchanged and the Tension Room redesigned.

Following these structural changes walls were repainted in pleasing pastel colors, the wooden floors covered with asphalt tile, and all furniture and equipment refinished. This improvement was part of that which included the entire first floor of the Out-Patient Building, its stairways and one Amphitheater. Particularly pleasing was the redecoration of the offices of the Social Service Departments and the Lunch Counter, the renovation of the patients' toilets, and the creation of a rest room for female personnel.

COMPLETE REDECORATION

It will be recalled that this program was begun in 1948 in the basement, one floor being scheduled for renovation each year. Since similar work was done separately for the Ear, Nose and Throat Clinic in 1947, the Infirmary is in the favorable position of having its clinics finished before the program for the entire Out-Patient Building has reached the half-way point.

Operation of the entire Out-Patient was little changed from that of the previous year. In February a new unit, the Dispensary, was opened in the Massachusetts General's portion. Proposed and designed by the Out-Patient Committee, this unit is intended to provide general practitioner service as distinct from the specialist service provided by each clinic. It has proved to be a useful place in which to handle minor injuries and infections, to sort patients whose admission interviews do not disclose a proper clinic, to give certain intramuscular medications requiring the attention of a physician or nurse, and to dismiss the patient with in-

consequential symptoms. However, its existence has had less effect on the Infirmary's clinics, as there is little extension of general practice into the specialties of Ophthalmology and Otorhinolaryngology.

Early in the year the Children's Medical Service arranged the schedule of its resident staff so that one Assistant Resident is assigned to the Ear, Nose and Throat Clinic each morning. The presence of the doctors of both services in the same Clinic has proved valuable in facilitating the care of the large number of children with acute conditions of the ear and the upper respiratory passages. An example has been set which might be extended to other areas of the Out-Patient with advantage.

NEW ADMITTING FACTORS

Two developments occurred which had bearing on admission and attendance. With the start of the year the admission fee was raised from \$2.00 to \$2.25. As with previous increases in this fee, there was also some increase in the list of third parties, chiefly Welfare Boards, which were unwilling to pay this amount to cover the admission of those individuals for whom they were responsible. At the same time more stringent control was placed on the amount of free service which the Admitting Officers could grant. As a result these officers were obliged to refer more patients seeking admission to other health agencies.

Before making such referrals, however, the Admitting Officers would also take into consideration the adequacy of such services to meet the needs of the individuals. In some of the fields of medicine the services at these other agencies are entirely adequate; but Greater Boston contains few other agencies which are as well staffed and equipped to handle diseases of the eye and of the ear, nose and throat. Consequently, proportionately fewer patients were refused admission to the Infirmary's Clinics than to those of the Massachusetts General.

The recorded admissions to the combined Departments totalled 206,826, a reduction of 13,359 or 6.1% from the corresponding 52 week period of 1948. In part this difference does not represent an

actual decrease in attendance but a difference in the manner of recording attendance. In previous years certain visits to the Clinics had been recorded as admissions and charged against free service even though it was not proper to ask the patient or his sponsor to pay an admission fee.

In 1949 each recorded admission represents a visit for which an admission fee was paid or an Admitting Officer granted free service after an inter-

view. The recorded figures show a decrease of 8% in the Clinics of the Massachusetts General Hospital but only of 2% in the Clinics of the Infirmary. In Eye Clinic there was even a slight increase, probably a reflection of the increase in the use of Orthoptics as an agent of therapy.

JOSEPH S. LICHTY, M.D.,
Assistant Director

Nursing Department

THE year 1949 was both busy and challenging and will remain in memory as one of contrasts: of elation that the long anticipated remodelling had actually begun, and an attractive, up-to-date private ward and operating suites would soon be reality; of frustration where lack of space prohibited such needs as adequate dressing, locker and rest rooms for personnel.

The first move came when wreckers, plumbers and steam fitters, after removing outmoded utensil sterilizers, bed pan sterilizers and copper hoppers from the utility rooms, installed autoclaves, new porcelain hoppers and bed pan sterilizers.

FOR THE ISOLATION WARD

In Gardner Ward, wash bowls with arm controls were put in four single rooms and new porcelain scrub sinks replaced the badly worn ones in the utility rooms. By converting the nurses' dressing room, a new supply room was made where a small autoclave could be installed and a stainless steel sink with ample shelf space replaced the old one of soap stone. Space was also made for a metal supply cabinet, and a much traveled brass top table reached its final destination here, for use as a work table.

Because of the above rearrangement, a cubicle was taken from the second floor nursery and made into a dressing-room for the Gardner nurses. In September, the Dietary Department assumed full responsibility for the kitchen in Gardner and for patients' meals there. The humidifying rooms continued to be in great demand all year for patients of all ages. Our one great wish now is to have a

more convenient and attractive entrance for this building.

DISRUPTIONS OF RECONSTRUCTION

After much preparation and many rumors about the moves necessitated by the building program, the final order came in August. The nurses' teaching room was moved to the supervisors' dining room. Private patients were transferred to the fifth floor at the Baker Memorial of the Massachusetts General Hospital, which had been thoroughly cleaned, equipped and put in readiness to receive us. After about two weeks, the entire staff felt quite at home, having made a wonderful adjustment.

On the same August day, the private operating rooms moved to their suite on the same floor in Baker and within two days were settled and ready for the surgeons. Everyone has enjoyed these sound proof rooms and their privacy as a complete operating room unit.

On August 22, the ear, nose and throat ward operating rooms were moved to the first floor of the Out-Patient Department to what had been a section of the Surgical Clinic. The anesthesia room and recovery ward were crowded into one of the small teaching rooms near the lower out-patient amphitheater.

The operating and anesthesia personnel were the ones most affected by the moves. It can be easily realized that the changes for them caused much inconvenience and confusion but all were optimistic and much credit is due the nursing body for carrying on their duties under such trying circumstances.

The final disruption came when the nursery was evacuated with the children cared for in the Burnham wards and the staff distributed to other wards of the Infirmary. There was great concern and speculation about the moving but with everyone's cooperation, things soon settled down and the distances that must be traveled in a day became a matter of routine. Not a little of the ease with which the moving was accomplished was because of the understanding and cooperation of the patients.

It was not long before the wreckers came and many of our familiar haunts were just shells.

OPPORTUNITIES IN SPECIALIZED FIELDS

With the valuable experience to be obtained in a hospital of this kind, it seems unfortunate that more nursing schools are not in a position to give their students training in this vital field of eye, ear, nose and throat nursing. Although we understand that the standard curriculum for nursing schools has made other subjects compulsory, we still regret that these special fields are not considered of more importance.

One of our graduate students from Mungeli, India, who came to us after six months' experience in ophthalmological study elsewhere, termed our hospital outstanding and the instruction here most valuable to him. However, the past year has seen a decided decrease in the number of graduate nurses applying for further study in eye, ear, nose and throat nursing. This is probably because the stipend is so much less here than that provided by other schools of this type. Our affiliating group for the year totalled 88 students and 3 graduates.

With the exception of a few resignations in the operating-room staff, there have been no changes in the nursing personnel. The same situation existed with the orderlies and attendants except that suddenly and almost without warning, on the afternoon of December 16, Charles Fowler, a faithful and devoted orderly for 35 years, passed away.

THE FORTY-HOUR WEEK PLAN

Early in January of 1949, the Nursing Department adopted a 40 hour week plan. However, due to the continued difficulty in securing adequate nursing personnel, many continued on a 44 and 48 hour week and were paid for these extra hours on an overtime basis. At this same time, all the nursing staff were assigned to the weekly pay-roll which seemed to prove very satisfactory.

I am especially grateful to the nursing staff for their understanding and support during the past difficult year and wish to take this opportunity to thank the Ladies Visiting Committee for their continued interest, especially in the Nurses' Residence.

PERSONNEL FIGURES

Authorized	Dec. 31, 1949 On Duty
1 Advisor—Miss Ruth Sleeper .	1
1 Supt. of Nurses	1
1 Asst. Supt. of Nurses	1
1 Instructor	1
1 Ward Teaching Supervisor .	1
1 Night Supervisor	1
1 Asst. Night Supervisor	1
1 Night Float	1
1 Operating-Room Supervisor .	1
7 Operating-Room Head Nurses	7
4 Nurse Anesthetists	3
5 Ward Head Nurses	4
5 Ward Assistant Head Nurses .	4
3 Out-Patient or Clinic Head Nurses	3
1 Out-Patient or Clinic Staff Nurses	1
1 Winthrop Foundation Nurse .	1
15 General Duty Graduates Days	10
0 General Duty Graduates Days —Part Time	0 plus 2
8 General Duty Graduates Eve- nings	5 plus 1
5 General Duty Graduates Nights	4
—	—
63	51 plus 3 P.T.
Student Personnel:	
4 Graduates	0
18 Affiliates	14
—	—
22	14
22 Attendants: Days	11
	Evenings 2
	Nights 2
16 Orderlies: Days	9
	Evenings 2
	Nights 3
—	—
38	29
123—Total	Total—94 plus 3 P.T.

DOROTHY M. TARBOX, R.N.,
Superintendent of Nurses

Social Service

THE Social Service Department had changes in personnel which created shortage of staff and inadequate coverage of service at some periods during the year. The regular responsibilities were carried, however, including the teaching program. In addition several specific studies were made within the Department in an attempt to evaluate whether or not the social needs of certain patients are being met. The total number of patients served was only slightly reduced from last year, in spite of the reduction in house admissions, clinic admissions and changes in personnel.

COMPARATIVE STATISTICS

Patients served	1949	1948
Comprehensive social treatment	514	554
Limited social treatment	2974	2967
Follow-up (glaucoma)	1649	1753
Eye Service	2145	2515
Ear, Nose and Throat Service	1343	1006
Ear	671	492
Winthrop Foundation	316	159
Tumor	193	209
Nose and Throat	149	125
Plastic	14	21

EYE SERVICE

The bulk of referrals on the Eye Service continued to be glaucoma patients, blind children, patients resisting treatment and patients in need of financial assistance to complete medical recommendations.

The number of new glaucoma patients decreased slightly again this year. In 1947 there were 381 new patients; in 1948 there were 256, and in 1949, 240 new patients. The number of discharges this year was smaller with the result that the active number of patients on current follow-up is approximately the same as in 1948. As of December 31, 1949 there were 1377 on the active follow-up; 574 glaucoma patients had individual social treatment in addition to regular clinic management and follow-up.

Services to retrolental fibroplasia children were reorganized in August. Seeing a group of these children on one special day, for medical study

purposes, was discontinued and the clinic patients among them were assigned to regular days on the Eye Service. This entailed much explanation, interpretation and reassurance to their parents who had become accustomed to seeing only one doctor and to having great confidence in his opinion.

Private patients needed explanation also, as they interpreted their referral to other ophthalmologists as an end of the research on retrolental fibroplasia. Since it was considered impossible to keep in touch with the various ophthalmologists to whom private patients would be assigned, the service from both the social worker and preschool teacher to private patients has been drastically reduced.

There were 29 new retrolental fibroplasia children referred during the year and services were given to a total of 187 children. The preschool teacher made 157 visits to the homes of 24 different children, as well as 41 visits to nursery schools and other schools in which retrolental fibroplasia children are enrolled. Seventeen children were enrolled in nursery schools and kindergartens with seeing children. The psychiatrist studying some of the children saw 9 in consultation and accepted 8 for psychiatric treatment.

The need for a comprehensive community service for the preschool blind child continued to be of paramount importance. The figures indicate the size of the problem and it is impossible for the Infirmary to offer a service which will meet the need of ophthalmologists in their private practice.

Six hundred patients were referred to have financial assistance with glasses, in spite of the fact that patients aided by public funds have more and more been accepted for financial aid by those agencies. Many of the patients referred this year have been low income families, a large number receiving Social Security unemployment benefits. Although some of the families were paying full clinic fees, it was necessary for Social Service funds to be used if the patients were to secure glasses and thus benefit from medical treatment.

One hundred and ninety-three patients were referred to the Division of the Blind; 11 children went to Perkins Institution for the Blind.

EAR, NOSE AND THROAT SERVICE

Social Service responsibilities increased on the Ear, Nose and Throat Service. It became apparent that our standards of work could not be maintained with only one caseworker for all referrals from the Ear Clinic and the Winthrop Foundation. Therefore, practically the full time of one caseworker has been added to the work with hard of hearing children under treatment in the Clinic for the Deaf.

In a review of the records of 356 children studied by the Clinic for the Deaf about 50% of the children were referred to Social Service. In the total group 74.4% obtained hearing aids as recommended; 65.3% obtained speech training as recommended; 67.8% of those recommended to enter schools for the deaf did so. In the group referred to Social Service, recommendations were carried out from 10-16% more often than by the cases not so referred. Also, the reasons for failure to carry out recommendations could be established for the Social Service patients, whereas such reasons were mainly unknown in the unREFERRED groups.

A study of the problems presented by these children has been made this year in addition to serving individual patients. The major problems fall into the following categories:

1. Anxiety of the child's parents over his hearing loss.
2. Behavior problems presented by the child.
3. General plans for special education.
4. Individual school adjustments of hard of hearing children in public schools.
5. Financial problems related to obtaining hearing aids and paying for speech instruction, and cost of transportation from distances for speech and auditory training.

A program at the Infirmary was arranged for the teachers in the public schools who have our hard of hearing children in their classes. At this time the problem of hearing loss was explained by Dr. Donald K. Lewis, and speech training was demonstrated. This meeting was followed by written suggestions on ways in which the classroom teacher can aid the hard of hearing child.

The Ear Clinic referrals increased by 179 patients this year; 287 patients were interviewed for hearing aids; 53 children were reported to public schools for hearing loss; 8 children entered schools for the deaf. One of the problems for the social worker in this clinic is the variation in opinions about patients who can benefit from wearing a hearing aid. Ad-

olescents adjusting to a hearing loss and patients not acceptable for surgery for their deafness continue to present problems which need extensive social treatment.

The Tumor Clinic statistics remained about the same. Nursing homes were not as greatly in demand as formerly, as more families arranged terminal care at home. An increased number of patients were referred for prosthetic appliances such as dental plates, obturators and plastic appliances for cosmetic purposes. The cost of these recommendations were prohibitive for some clinic patients and money had to be secured by appeals to funds outside of the Infirmary. Electrical suction was provided for 43 patients during the year, which is a greater number of calls than usual.

TEACHING AND LECTURES

Three master students from Simmons College School of Social Work were in field work training. Two students in training during the 1948-49 period prepared studies on material supplied by the Infirmary and the Social Service Department. The subjects were:

"A study of 125 Patients Seen in the Orthoptic Clinic of the Massachusetts Eye and Ear Infirmary during September and October 1948 and March 1949," by Josephine C. Gravalles and "Meeting the Needs of the Preschool Blind," by Margaret Beasley.

Miss Hannah Mullerova, a student from Czechoslovakia, spent two weeks in the Department studying our rehabilitation problems and Miss Yasuko Oshima, a student from Hawaii, spent a month during the summer, volunteering on the Eye Service. In October, Sister Mary Ellen of Providence Hospital, Washington, D.C., spent a day discussing the organization of the department, supervisory methods and reading case records. Miss Jean Whitelaw from the Canadian National Institute for the Blind spent one week studying our program for the preschool blind child.

The Director gave one lecture each to the postgraduate students in ophthalmology and the third year medical students at Harvard University on "Social Aspects of Ophthalmology." A talk to the third year students in Otology on the "Social Implications of Hearing Loss" was given by Miss Jean Hughes and a lecture to the student nurses at Lynn Hospital on, "Social Problems with Eye, Ear, Nose and Throat Patients," by Miss Madeline Shipsey, while Miss Ruth Butler participated in a Panel Discussion on handicapped children for students at the

ONE HUNDRED AND TWENTY-FOURTH ANNUAL REPORT

Harvard School of Public Health. Lectures to the student nurses in ophthalmology and oto-laryngology were continued. Miss Butler and Miss Pauline Moor read papers at the Institute on the Preschool Blind Child in Portland, Maine, in February 1949. Mrs. Wilson and Miss Moor were on a panel of the radio broadcast on retrolental fibroplasia and Mrs. Helen Kirwin was on the broadcast on the prevention of blindness.

PERSONNEL

Resignations

Mrs. Phyllis Landick
Miss Ann Compton
Miss Marjorie Ritchie

Appointments

Mrs. Margaret Wessler, M.S.
New York School of Social Work
Miss Jean Flanders
Glaucoma Follow-up Secretary

Reappointment

Miss Ann Compton, M.S.
New York School of Social Work

Appreciation is expressed to the volunteers who have given service during the year, as clinic assistants and in clerical work. Especial gratitude is given to Mrs. Alice Melville who has so faithfully served the glaucoma patients two mornings each week for several years.

FINANCES

Requests for medical relief increased due mainly to the increased number of hearing aids purchased. The cost of aids can seldom be met by patients except through partial payment or on a time basis. Thus Social Service needs a fairly large revolving fund to enable purchases to be made for aids for children. This year purchases of some aids had to be delayed as funds were not always available. The analysis of expenditures shows an excellent repayment by patients and the generosity of other funds and agencies to whom appeals have been made.

The Department is especially grateful for the

funds made possible through the hospital administrations, as well as for grants from the Permanent Charity Fund, the American Cancer Society and from an individual who came to our rescue at the end of the year with a large donation for medical appliances. The Weber Charities and numerous other funds have been of inestimable assistance to us in meeting the needs of individual patients.

The Ladies Visiting Committee again granted the Department a fund for departmental needs which enabled the library to be kept up-to-date with current social work periodicals, new books and small office equipment.

ANALYSIS OF MEDICAL RELIEF

Expenditures

Glasses	\$3,537.05
Hearing aids	6,053.51
Electrical suction	647.56
Nursing Home care	281.00
Rooms and meals	78.50
Transportation of patients	806.75
Prostheses	763.80
Housekeeping service	350.00
Dentures	289.50
Orthopedic shoes	52.11
Ambulance fees	32.00
Camp and vacation fees	285.00
Nursery school tuition	14.00
Miscellaneous small items	44.11
Refunds to patients	22.80

Total \$13,257.69

Refunds

Refunds from patients	\$4,257.69
Payments from funds and social agencies	4,280.30
	<hr/>
	\$8,879.04

Total from Social Service Funds \$4,378.65

EUNICE W. WILSON,
Director, Social Service

In an average 1949 day, the Social Service Department gave assistances to 73 patients, the Dietary Department served meals to 632 patients and employees, the Refraction Room tested 148 men, women and children for glasses.

Occupational Therapy

THE Boston School of Occupational Therapy sent eight students during this year to the Infirmary for an eight week training period but due to the curtailment of shop and nursery programs during the building construction, only one student was taken at a time. The Director of the Department again gave lectures at the school on occupational therapy with ophthalmic and oto-laryngological patients.

In regard to the referral of patients, the policy of the Department remained the same as the previous year. All ophthalmic patients were referred to Occupational Therapy by the medical prescription cards in the nurses' stations or through the doctors' order book. The oto-laryngological patients were referred by a blanket medical prescription unless there were contraindications.

This year the number of patients assigned to Occupational Therapy was 872 and 4103 treatments were given.

CHANGE IN LOCATION

In September, the Department moved from its most desirable location on the roof to the present temporary quarters near the front entrance. The Department felt that the present room, with its limited space and awkward location at the bottom of the stairway, was no longer suitable for shop classes for the patient. Many returning patients have greatly missed the daily shop environment. However, work was still done with the ear, nose and throat patients on the wards, though with somewhat less effectiveness without the shop atmosphere. The program of graded activities for the ophthalmic patients was continually studied, to find a wider variety of applicable treatment media and methods in order to carry out our purposes of adjustment first to hospitalization and then to lessened vision.

The nursery program was temporarily discontinued since the children were moved this summer and now are housed on the Burnham wards. Chil-

dren patients are not seen unless a request is sent to contact an individual child — the same procedure as for patients in Gardner and for private patients. There were 460 children seen in the nursery through June and 1585 treatments given.

For the holiday seasons, the Department contributed tray decorations with the help of the Dietary Department and the Ladies Visiting Committee. At Christmas time, decorations were painted on glass partitions and so on, throughout the hospital, and there were gifts for patients purchased by the Ladies Committee. The Department appreciates the annual contribution from the Ladies Visiting Committee for supplies and equipment.

The year ended with the resignation of the Director, Mrs. Deborah Hutchinson, O.T.R., who was replaced by the Assistant, while Miss Jean Zickell, O.T.R., has taken over the duties as assistant.

PATIENTS' LIBRARY

The change of location has necessitated a smaller library because of the limited space in the shop. The booktruck circulated to the wards three times a week and the private patients on Baker 5 were supplied with reading material through the courtesy of the Massachusetts General Hospital library. Our library has issued reading matter to 661 patients and more than 1500 books and magazines were in circulation. The Department is grateful to the Howe Library for housing the bookcart between trips, since it could no longer be kept in the OT quarters.

This year the Division of the Blind has furnished us with the most recent type of talking book machine and the talking books have been loaned to us from Perkins Institute Library.

PATRICIA HOWE, O.T.R.,
Director, Occupational Therapy

Public Relations

IN 1949 as in '48, the most important concern of the Public Relations Department was the need to raise money for the Emergency Building Fund since the first campaign, last year, raised only \$225,561.01 or less than half the goal of \$500,000. The most encouraging event in the '49 fund raising was the successful presentation of the Infirmary's case to the government under the Hill-Burton Hospital Survey and Construction Act and the government's pledge to grant the hospital one-third of the amount we need—and raise, for our reconstruction program.

This grant however, did not come until April and fund raising efforts in other directions were under way in January, as soon as permission for further solicitation had been secured from the Central Budget Committee of the Community Fund. This year the mailing list was increased to include potentially interested persons all over New England, especially in areas actively served by the Infirmary but not already well covered.

Three mail appeals were sent between April and June. There was also one special mailing to those industries in New England that had contributed last year and otherwise manifested interest, or were found by checking the records to be using our services frequently. This mailing to about 500 industries gave a typical week from our emergency records to show how extensively the hospital serves business and brought in a gratifying response of \$4,633.

Another special mailing was at Christmas time again this year, and although the folder did not solicit funds but was merely a thank-you and report of progress to donors, it brought in almost \$5000 between December 15 and the end of the year. The illustrations by Dahl, *Boston Herald* cartoonist (as Mr. Dahl's contribution to the Building Fund) made this the Infirmary's outstanding publication of the year.

The Public Relations office made up the presentation for the Massachusetts Committee on Public Health when the Director and the Treasurer went before this Committee to ask for the government grant. The authorities' expressed interest was in teaching, especially of doctors and nurses but carried on in almost every department of the hospital and therefore, the presentation called for com-

piling facts and figures not previously assembled plus pertinent background material.

Another presentation prepared by the Public Relations office which unfortunately did not lead to a grant, was to the Damon Runyon Fund. It was hoped this Fund would be interested in contributing because of the outstanding clinical research and surgery done at the Infirmary on cancer of the throat, the cause of Damon Runyon's death. The reason given for refusing our request for building funds was that the Runyon Fund gives only to research projects in cancer.

Excluding the potential one-third of our total to come from the government, the Emergency Building Funds effort in '49, almost entirely carried on by mail from the Public Relations office, brought in \$76,739.29 taking the Fund total up to \$303,447.05 as of December 31, 1949. However, the total needed to cover costs having risen to over seven hundred thousand, this still leaves about \$200,000 to be raised by the Infirmary.

PUBLIC RELATIONS

In spite of constantly hammering away at the problem, the Infirmary's number one public relations difficulty continues to be the basic necessity of establishing our identity as a separate hospital, not a part of the Massachusetts General Hospital. Newspapers, for example, go right on confusing the two to the point where a "story" solicited by the *Boston Traveler* and requiring a half-day's work getting parents' and doctors' permission, taking a picture, etc., appeared on the front page—as from the Massachusetts General.

The Public Relations Department repeats the explanation ad infinitum and does everything possible to check and re-check and still the confusion persists. We have a form letter which we send automatically now to city editors and copy desks, every time a paper makes this mistake. But the joint telephone switchboard, joint Out-Patient Department entrance, while they undoubtedly make for lower costs and efficiency in some aspects, pose a constant and really serious problem for the public relations program.

This year we again followed the conviction that the best promotion for the Infirmary was to publicize services to the community. An article about

how much the hospital needs funds does not get much attention in these days when every service organization in the country is out for money, but a "success story" of a patient saved from blindness or deafness not only makes the front pages of the Boston papers but sometimes goes all over New England on the wire services.

The Director of the Department, or when she was not available, her Assistant, is on call at all times for inquiries from the newspapers. Because of the prompt and interested team work of the Admitting Office, again and again in this past year we were able to get notices in all the papers of our efficient handling of emergencies that threatened the sight or the hearing of the men, women or children brought to us. Such publicity not only establishes the Infirmary's services in the minds of the public but also builds up unusual good will with the newspapers which heretofore have had reason to complain of lack of cooperation from hospitals except when they wanted to get space to publicize their fund raising efforts.

Especially were we successful this year in getting pictures in the papers, and as picture magazines and television are conditioning the public to get information from pictures, this was a timely way to keep the Infirmary before the public. A well-filled press clipping book for 1949 is on file in the Public Relations office. In the last months, many of our news pictures have also gone on television, thereby reaching an even wider audience.

We continued to have sessions on the New England Medical Center of the Air and several other broadcasts, and we have our first television as part of the Community Fund TV show this fall over station WBZ, the first Boston station to have a studio for origination of television. Cooperation with the Community Fund with human interest stories and so on, again gave the Infirmary an opportunity to share in Red Feather publicity during the fall campaign activities of the Community Fund.

National Hospital Day on May 12 gave an occasion for the official celebration of the Infirmary's 125th year of service. A wonderfully large birthday cake, baked by our Dietary Department, was cut by Mrs. Sargent, President of the Ladies Visiting Committee, and served to all patients, personnel and visitors. Fall and spring meetings of the New England ophthalmological and oto-laryngological societies, the annual Alumni luncheon, a meeting of teachers of the deaf sponsored by Social Service, the quarterly meetings of the Corporation, call for joint planning with the Public Relations Depart-

ment and gave opportunities for telling the Infirmary's story to different sections of our public.

This year widespread interest was won by a fine color motion picture, "We Speak Again," showing in human and dramatic detail how cancer of the throat patients are taught to speak with a method of esophageal voice perfected at the Infirmary. The Public Relations office assisted with the production of the picture and continues to help in its promotion. The movie was made possible by generous grants from the Cancer Society, both state and national, and has been shown repeatedly to medical and lay groups.

In addition to the half dozen fund raising pieces, the Department this year got out a new edition of the admission folder to explain the complicated procedures and rules necessary while many of our patients must be housed at the Massachusetts General Hospital. Other publications were a folder to explain the classes in esophageal voice, and a booklet on the study of retrolental fibroplasia or blindness in premature babies. While such material is primarily prepared for patients, it is generally useful for giving information about our services to visitors, inquiries from other agencies, etc.

Wide attention was given to the publicity code, prepared last year by this Department and endorsed for the Infirmary by the Massachusetts Medical Society, when it was written up in an article in the June issue of "Hospitals," the monthly publication of the American Hospital Association. As a pioneer codification of what cooperation a hospital public relations program can expect from its medical staff, it has been requested by hospitals across the country.

The Public Relations Department itself has had a student this winter, from the Boston University School of Public Relations. Our student has been making an evaluation study and observing rather than doing volunteer service but we were gratified that he chose to work in this office after surveying the field.

VOLUNTEERS

This Department was fortunate in having Miss Phyllis Scott, who came early in January as fund raising secretary, already in training when Miss Arlene Casey left in the Spring to be married. Miss Scott now functions effectively as Assistant in both public relations and fund raising and has also taken over the details of the volunteer program as well as serving as the Infirmary reporter for our column

in the MGH "News" and the newer "World," the personnel monthly.

This year volunteer emphasis has been on establishing an escort service between the Admitting Office and the private rooms on Baker 5 and in Burnham Wards for Children, where our patients must go during the remodelling. The Volunteer Service Bureau was of great help in recruiting workers for this job where it was necessary to have messengers who would not mind long distances.

For the rest, we have continued to supply volunteers in the Social Service Department, laboratories, offices and clinics where they have proved their usefulness. This year for the first time, the Junior League of Boston was interested in helping us with volunteers and several schools and colleges placed students with us for credits in social studies.

Placing of volunteers was again done after a questionnaire to department heads on needs, and a master chart of volunteer positions was sent to the Volunteer Service Bureau and the Junior League. Each volunteer was first interviewed in this office before introducing them to the worker who would be in charge of their training in the position where they were assigned, and detailed progress reports were made periodically to the agency responsible for placement. This careful reporting brought recognition at a meeting of Directors of Hospital Volunteers when the Service Bureau asked their members to submit monthly reports, using the Infirmary summaries as a pattern.

VIRGINIA GEROULD,
Director, Public Relations

The Boston Eye Bank

DURING the year 1949, eleven more hospitals became affiliated with the Boston Eye Bank program, bringing the total number of cooperating hospitals to 41. These hospitals are located in areas which have a substantial number of registered potential donors and greatly facilitates receipt of these "gifts after death."

There are now 34 affiliated hospitals in Massachusetts; one in Vermont; two in New Hampshire; three in Maine; and one in Rhode Island. The hospitals which became formally associated with the program during the year were the New England Hospital for Women and Children, Roxbury; the Melrose Hospital; the Cape Cod Hospital, Hyannis; the Winchester Hospital; the Cooley-Dickinson, Northampton; the Emerson Hospital, Concord; the Carney Hospital, South Boston; the South Shore Hospital, South Weymouth; the Brockton Hospital; the Sacred Heart Hospital, Manchester, New Hampshire; and the Barre City Hospital, the first hospital in Vermont to become affiliated.

Seventeen of the affiliated hospitals and seven non-affiliated hospitals made possible the donation of 90 eyes during the year. This was approximately 25% more than the previous year. Of this number, only 12 were considered suitable for the corneal transplant operation. The remaining 78 were used

for research. Emphasis is again given to the fact that eye tissue is never wasted but has been used to good advantage in research studies in the Retina Service, the Eye Pathology Laboratory, the Howe Laboratory, and at Tufts Medical School. The demand for eye tissue for research would indicate such material is proving most valuable. Naturally, tangible results of this secondary purpose of the Eye Bank would be less dramatic and appear only in the course of time.

As each hospital becomes affiliated, the local Red Cross Chapter is also invited to participate by helping with the transportation of eye tissue. No complications concerning transportation have been encountered despite the fact that donations of eye tissue have been received from hospitals in distant parts of New England.

PUBLIC EDUCATIONAL ACTIVITIES

Speaking engagements have been filled by representatives of the Boston Eye Bank during the past year for the Lions Clubs, hospital staffs, nursing associations, church groups, and a dietitians' association.

Over 1400 donor forms and booklets were dis-

tributed during the year. Approximately 500 of these were sent to hospitals, the newly affiliated hospitals, ophthalmologists, and sponsors of the program for their waiting rooms. During the year 300 signed forms were returned. The number of forms given to each hospital is carefully recorded and marked with an identifying symbol so that the source of distribution may be traced when the form is returned. An accurate record is also kept of all individual requests for information. The Eye Bank is constantly receiving calls from interested persons with suggestions concerning the promotion of the program.

The newspapers continue to cooperate in a most satisfactory manner. A number of excellent articles about the Eye Bank have been published. Three articles appeared in the *Morning Union*, and the *Evening Leader* in Manchester, N. H. The first of these articles recounted an actual case history from the time the donor signed the form, through the various steps including the arrangements for enucleation after death, contacting the surgeon and the patient who was to receive the corneal transplant operation, and his hopes and plans to return to gainful employment. The second was a follow-up urging the readers to sign and return the donor forms, and the third described the benefits received by a family of five, all of whom had had the corneal graft operation.

News items about the Junior League's "Bargain Box" have kept the name of the Boston Eye Bank in the newspapers and on the radio consistently throughout the year and resulted in many requests for information.

As evidence of widening interest in the Eye Bank, requests for information have been received from a number of students and nurses who have chosen the Eye Bank as the subject of a thesis. Information was made available to them concerning the operation of the Eye Bank, and a continuing bibliography of scientific articles with reference to the corneal transplantation is being maintained.

A geographic survey of the potential donor list was made and at the end of 1949, 225 cities and towns in New England were represented on this list. Because of the very personal nature of the donation, even one donor in a locality is a great influence in spreading information about the program. This person to person grapevine is a slow but sure way of increasing interest and is very important to the promotion of the program.

FINANCIAL SITUATION

In the past the emphasis has been put on donations of eye tissue rather than financial donations or yearly memberships which provide for operating expenses. The number of these memberships received each year are insufficient to take care of operating expenses and provide for future planning. During 1949 a letter urging the renewal of the \$1 to \$10 class of membership was sent out and included a brief account of the progress. The response to this letter was fairly satisfactory. In the future these memberships must be encouraged because without funds the Eye Bank cannot function, any more than it can function without the donations of eye tissue.

The United Community Services aided materially in the financial operation of the Eye Bank in 1948. This aid was not available in 1949 as it was hoped that funds would be forthcoming from other sources. However, these hopes were not realized and the result has been the depletion of reserve funds. An appeal has been made to the United Community Services for financial aid for the coming year, and if this money is not received, a serious curtailment in the operation of the Eye Bank will be necessary.

All evidence at hand indicates that the Bargain Box is doing remarkably well. It was originally planned that no contribution could be made until it had been in operation for a full year, and it is confidently expected that a worth-while contribution for special needs will be made at that time.

PROGRESS

Mrs. Lyon Weyburn, representing the Boston Junior League, replaced Mrs. B. Devereaux Barker, Jr., on the Executive Committee. Mrs. Weyburn has been giving considerable time and valuable assistance to the program.

As might be expected, the growth of this program has been gradual but steady. The interest of co-operating hospitals is keen, and the gratitude of those who have benefited by the corneal transplant operation has been a great source of satisfaction. An analysis of the comparative statistics and geographic survey shows a gratifying response by the public.

OLIVE M. CROWLEY,
Executive Secretary

Dietary Department

THE Dietary Department during 1949 experienced changes not only in equipment but also in its area of operation. Several important new pieces of equipment were purchased, service to the private patients was transferred to another building, supervision of another kitchen was taken over and plans for the future fifth floor's needs were anticipated.

In the main kitchen, a stainless steel pot sink was installed and the old wooden ice box was replaced by a huge electric refrigerator. This refrigerator provides more adequate storage space for the cafeteria and special diet foods and will be large enough to take care of the new floor. Alongside the refrigerator, the ice cream company with which we trade has installed a new white porcelain holding cabinet. The appearance of the kitchen was tremendously improved by a coat of silver paint on the bases of equipment and tables.

On the second and third floor kitchens, the old refrigerators which were constantly breaking down, were replaced by new two-decker models. Also installed in the floor kitchens were stainless steel ice cube cabinets. In the near future, each floor kitchen will be provided with new food trucks.

Service to private patients was transferred to the fifth floor at the Baker Memorial during August. This change necessitated the food for these patients being transported via electrically heated trucks through the long passageways of the Massachusetts General Hospital to the Baker building, the trips from the main kitchen to Baker requiring 10 minutes each way. With floor kitchens located so far from the main kitchen, care had to be taken to load the truck for each meal with all necessary foods to avoid extra trips. The same personnel was maintained to take care of the private floor in its new location.

In September, the supervision of the kitchen and food service at Gardner, the isolation ward, was given to the Dietary Department but no changes in our personnel were made. A more adequate method of dishwashing for this unit is now under consideration.

VARIETY OF MEALS SERVED

The cafeteria served 62,837 meals during 1949. The cafeteria income, both cash and credit, was

\$26,108.37, a decrease of \$2,358.88 over 1948, with an accompanying decrease in expenses of \$616.90. The dining room was open for service of family style holiday dinners on Thanksgiving, Christmas and New Year's Day. It was used for special dinners during the meetings of the Board of Managers, the Fund Raising Committee, and the New England Ophthalmological Society. Special luncheons to medical groups of over 100 were served in the former ear clinic in the Out-Patient building in April and again in November.

During the fall, the cafeteria acquired an electric water cooler which has been greatly appreciated by all and shortly thereafter, a specially constructed stainless steel table and glass rack were added to the serving area. Now plans are under way for the replacement of the old tables and chairs.

The number of meals served to ward and private patients was 143,826, a decrease of 16,384 compared to 1948. This was due to the decrease of patients because of reconstruction, especially the moving of nursery patients to the Burnham Building where they were not served by this Department. Of the total meals served, 9,963 were special diets representing diabetic, low fat, six meal bland, low sodium, tube feeding, reduction and allergy diets.

Fewer changes in personnel were experienced during the year as we seem to have a more stable group. Decreases which would not interfere with patient food service were made, resulting in a cut of full time employees from 25 to 23. In one instance a full time employee was replaced by a part time worker and in two other cases, part time girls were dropped from the payroll, in an attempt to decrease expenses.

The Ladies Visiting Committee again distributed fruit to patients on Thanksgiving Day, and provided refreshments for the annual employees' Christmas party. The Occupational Therapy Department cooperated as usual by making favors for the patients' trays on the holidays during the year. In April, each patient was given a piece of the huge birthday cake which we made for the celebration of the Infirmary's 125th birthday.

ALBERTA CATON,
Dietician

Personnel Department

THE 1949 labor market was strongly an employers' market. Heavy industrial lay-offs, particularly in the first seven months of the year, gave the nation 7.5 million jobless persons drawing unemployment compensation, an increase of 3.5 million over the previous year. This trend was reflected in this area by greater demands on employment agencies, both state and private, and by added numbers of applicants coming off the street. The Infirmary has had its share of this available labor supply.

With the return of men in the armed services to civilian jobs beginning in 1945, the program of advertising for help was radically curtailed, reaching shortly a quota of about one-sixth the war time allowance. In 1949, this allowance was somewhat increased to take care of emergency demands and for jobs not quickly filled. An approximate proportion of applicants from the various sources includes: .011½% from the State Free Employment Bureau; .031½% from miscellaneous sources; .051¼% sent by employees; .081½% from advertising; 14¼% private agencies, and 66½% came "in the gate" on their own initiative. An estimated 18,000 people made application for jobs in both hospitals through the Personnel Department and approximately 4500 were given application blanks and investigated further.

LESS LABOR TURNOVER

During the year approximately 150 people were hired and 70 terminated. In 1948, 172 people were hired and 146 terminated. With the change in the labor market, it was possible to do a better screening job in the Personnel Department, with a resulting higher level of applicant being sent to department heads. It is now possible for department heads to weed out inadequate workers, periodic alcoholics and to build a stable body of workers with a smaller force and higher wages.

The turnover is still higher than is considered sound in industry. Our community survey shows that the Infirmary, in competing in the labor pool, is handicapped by lower wages and longer hours, particularly in the clerical field where the five day

week is an issue brought up both in hirings and in terminations. Staggering Saturday mornings has been a material help in selling jobs and keeping workers.

NEW METHODS FOR TESTING AND RECORDING

The yearly community wage survey was more extensive than usual in 1949 because complete coverage of jobs seemed indicated at this time.

After a comprehensive study of old and new methods and with the advice of experts in the field of office records, a new plan of record keeping has been planned for the Personnel Department. During the year the plan has been put into effect about 50%. The change over has been slow because no additional help has been added for this purpose. Already, however, it is possible to see time saved through the new methods.

During the eight years of the Personnel Department's existence, testing for the clerical skills of typing and shorthand has been included in the applicant evaluation. This past year the Department has enlarged the testing program to include interest, aptitude, and other tests. The aim of this testing program is to do a better screening for department heads. As an aid to this end, testing of certain applicants is a help but it is so time consuming on the present scale that the question arises as to whether it can be continued at this level.

After a hiatus during the first months of the year, students from the Radcliffe Graduate School in Management and Personnel Administration came in October to the Personnel Department for a month of field work in a hospital. The Personnel Director also gave talks at Radcliffe College and the Graduate School.

LOOKING FORWARD

During 1949 it has become evident that another clerk must be added to the office staff if the testing program is to be continued and if the Department

is to develop an approved wage structure, a cross section salary range chart by jobs and salaries, and the various other surveys that usually crop up during the year. We were handicapped during the past year by the allocation of one secretary to the Personnel Consultant for the Massachusetts General Hospital for a period of nine months, leaving an abbreviated group to carry routine work and do the extra job of converting to the new system of keeping records which is not yet finished in spite of

generous overtime by the office staff. It was not until October that the yearly community wage survey could be started. With the addition of one clerk, it will still be necessary to select the program for 1950 on a priority basis. The Department also looks forward to additional space for testing and general work.

Lois D. McCoy,
Personnel Director

Housekeeping Department

THIS is the first report of the Housekeeping Department to be included in an Annual Report. A listing of the employees, the porters, maids, laundry workers, sewing room help, wall washers, elevator operators, indicates the wide variety of work done by this Department.

At the beginning of 1949, it was decided to eliminate as much as possible the cleaning of the ward floors by sweeping, because of the dust, and to do the work by vacuum cleaners. This required the purchase of cleaners specially adapted to meet the needs of a hospital without a central vacuum system and this special design was worked out with the interested cooperation of the vacuum cleaner company. We now use vacuum cleaners throughout the hospital with five machines giving very satisfactory results.

UNUSUAL CLEANING PROBLEMS

In August we prepared Baker 5 for the moving and took over the care of our floor there for as long as it will be needed by our patients. Since the Building Program began in August, this Department has been kept more than busy trying to cope with the almost insurmountable task of maintaining a semblance of cleanliness about the hospital in spite of the dust and dirt made first by the wreckers and later by the builders. The porters and maids have been very faithful and have done their work well in spite of the unusual difficulties under which they have labored.

Among our new equipment this year were three-shelf laundry trucks for the delivery of clean linen,

which replace the laundry baskets previously used, and a new pick-up truck. The laundry has done its usual excellent job with a staff of loyal workers.

The sewing room continues to turn out a great deal of work, making everything from plastic covers for some of the delicate and expensive hospital equipment, to pot holders for the kitchens. The sewing room workers also help keep down expenses by repairing uniforms, mending sheets, recovering cushions.

During the summer, the walls of all the rooms and corridors at the Nurses' Residence were washed. At the Infirmary, wall washing and floor washing has had to go on all day every day, the men going over the whole hospital as often as possible in order to make any headway against the powder fine dust raised by the reconstruction.

In spite of this most difficult year, personnel has been very stable. During the vacation periods some relief help was required but the general staff has remained the same.

This Department looks forward eagerly not only to the new floor and the up-to-date operating rooms that will be a pleasure to take care of but also to the end of the dislocations and difficulties of rebuilding. We realize that on our Department falls the responsibility for many of the first impressions our hospital makes on patients and visitors, as well as for some of the comfort of the patients who must live with us for a while.

Alice L. Sidley,
Executive Housekeeper

Howe Laboratory

IN recent years, the basic factors involved in aqueous humor dynamics have been a major interest in the Howe Laboratory. Especially noteworthy during the past year have been Dr. Kinsey's studies on the mode of entrance and exit of various constituents of the aqueous humor and the osmotic relationships between the fluids in the posterior and anterior chambers and the blood plasma.

Along an entirely different approach but directed toward the same end is a study by Dr. Grant on what he terms "tonography," in which the rate of change of intraocular pressure and volume is determined in response to certain extraocular pressures. This study, utilizing electrical recording over a period of several minutes, gives promise of providing valuable data on the aqueous outflow and inflow in human eyes and will be especially useful in elucidating the hydrostatic functions in glaucoma and the influence on them of drugs and surgery.

Adding to the contributions he has already made to the pharmacologic treatment of glaucoma, Dr. Grant in conjunction with Dr. Robert Trotter, has further investigated the ophthalmic pharmacology and toxicology of compounds related to chlorine. A compendium has been prepared of all that has been published on the effect of short-chain aliphatic quarternary ammonium compounds on the mammalian eye, assembling information previously available only from scattered sources.

The experimental technique for the objective optical measurement of fluorescent substance in the eye has been further refined by Dr. Ludvigh. He has also revised and issued in mimeographed form two more sections to his "Introduction to Ophthalmic Optics," one section a detailed discussion of visual acuity, the other a section on color vision.

CLINICAL SCIENCE

Since the pre-war studies on formation of aqueous humor by Kinsey, Grant and Cogan, which were the first use of tracer elements in ophthalmic research, the Howe Laboratory has become increasingly involved in problems of radiation. Recently the Atomic Energy Commission has made two grants to the Laboratory for the study of radiation cata-

racts. One of these grants will be used to support an investigation by Drs. Kinsey and Merriam on the biochemical changes following radiation, and the other will be used to support a study by Drs. Cogan and Donaldson on the cataractogenic dose and morphogenesis of radiation cataracts.

Interest in radiation cataracts is prompted in considerable measure by the discovery during the past two years of cataracts in young physicists exposed to radiations in what had been thought to be "safe dosage" from the cyclotron. Since the types of ionizing radiation from the cyclotron, neutrons and gamma rays are similar to those which were emitted by the atomic bombs, it seemed of interest and importance to determine whether radiation cataracts had occurred in the survivors of the atomic bombing. Accordingly, the National Research Council sent Dr. Cogan with Dr. Forrest Martin (also of the Infirmary staff), and a Dr. Samuel J. Kimura of California, to Japan to set up an Eye Clinic in conjunction with the Atomic Bomb Casualty Commission, to make a survey of the surviving population. Approximately 2000 persons were examined. Ten patients were found with radiation cataracts, comprising about 2% of the sample of survivors who had been within 1 kilometer of the hypocenter at the time of explosion.

A review of the radiation effects on the eye was prepared by Dr. Cogan and presented at a symposium conducted by the Section on Ophthalmology at the annual meeting of the American Medical Association, and a treatise on the ocular effects of radiation sickness has been prepared for a forthcoming book in England entitled "Systemic Ophthalmology." Parallel with the foregoing, Dr. Grant presented at the symposium a synopsis of the chemical, physical and physiological aspects of chemical burns of the eye, and prepared a section of ophthalmic toxicology for the English book, considering the subject from the symptomatic standpoint.

For a symposium on "Primary Chorioretinal Aberrations with Night Blindness," held by the American Academy of Ophthalmology and Oto-Laryngology, Dr. Cogan prepared the portion dealing with patho-histology of the condition.

FURTHER STUDIES AND TECHNIQUES

During the past year, the results of treatment of 60 glaucomatous patients with tetraethyl pyrophosphate were analyzed by Dr. Grant. Also, for cultivating the ocular lens in vitro, Drs. Merriam and Kinsey have developed a technique which is suitable for making quantitative investigations of the chemistry of normal and cataractous lenses.

A simple procedure was described by Dr. Cogan for temporarily closing the eyelids with viscous adhesive which is less disfiguring and more easily applied than the lid sutures customarily employed. Also finished during the past year were Dr. Cogan's pathologic studies of a case of endogenous intra-ocular fungus infection.

A technique has been developed by Drs. Cogan and Donaldson for measurement of the antero-posterior dimensions of structures in the anterior segment of the living eye with an accuracy of a few hundredths of a millimeter. This is currently being employed to study the variations in corneal thickness in normal and diseased eyes.

Dr. Kinsey has continued to direct the study on retrolental fibroplasia at the Infirmary. From a clinical point of view, these studies have been concerned chiefly with determining the effect on the incidence of the disease when certain vitamins, previously administered, were omitted from the feeding of premature infants, and with the therapeutic use of vitamin E for those infants who appear to be developing this condition.

Collaboration of the Laboratory with other hospitals and university departments has often proved profitable. One of these collaborative projects during the past year has been the study of unilateral internuclear ophthalmoplegia through the conjoint interests of departments of Neurology, Ophthalmology and the Howe Laboratory.

Photography of the eye has been a profitable side issue at the Laboratory and a worthwhile investment from a teaching and research point of view. The technique has been improved in the past year by the color stereophotography of Dr. Donaldson using two cameras and separate lens systems which he has constructed. An exhibit of some of his pictures was held in the Howe Library in conjunction with a meeting of the New England Ophthalmological Society.

TEACHING

The teaching of the Basic Science Course in Ophthalmology for postgraduates at the Harvard Medi-

cal School was again done largely by the Laboratory staff. The teaching of neuro-ophthalmology was greatly enhanced by brain dissections prepared by Dr. Donaldson and photographed with his new stereoscopic technique. Dr. Grant extended the course on pharmacology and toxicology and also gave lectures to the undergraduate class in pharmacology at the Harvard Medical School and to the orthoptic class at Simmons College.

The policy of incorporating basic scientists into the Laboratory was developed along a new channel during the year when Dr. Merriam, as a candidate for a Ph.D. degree, did his thesis work on "Synthesis of Glutathione in the Ocular Lens" here. This was a joint venture with the Chemistry Department of Boston University and was supervised by Dr. Kinsey. Dr. Merriam has since been appointed to the staff and will continue his studies under the Atomic Energy Commission.

It is hoped to continue this system, which serves the dual function of indoctrinating basic scientists in eye research and giving them an awareness of the opportunities in a quasi-clinical field. As space and promising candidates are available, similar opportunities will be offered to selected individuals who have had a primarily clinical training.

HOWE LIBRARY

Recognized by the hospital community as its ophthalmological information center, the Lucien Howe Library has continued its customary acquisition, preservation and dispersal of ophthalmic literature. During this 21st year, it loaned more books and journals than ever before while its attendance figures parallel those of last year. The outstanding trend of the past few years has been greater costs and fewer services to the Howe Laboratory as compared with benefits to personnel of the entire Infirmary.

In 1949, the Library Committee was again confronted with the request for shelf space for otolaryngological books and journals. Even though rapidly diminishing space will one day present an acute problem in housing ophthalmological books, it was voted at a special meeting to move the portrait of Mrs. Howe and transfer the museum case to the Hopper Room, in order to allocate wall space for 363 running feet of shelving to the Ear, Nose and Throat Service.

A mutually satisfactory arrangement has been made with the Curator of the Collection of Historical and Scientific Instruments at Harvard to store

any old ophthalmological instruments which cannot be displayed here because of lack of space.

The Library Committee accepted with regret the resignation of Dr. Faxon, subsequent to his retirement as Director, and extended appreciation for past counsel and best wishes for his leisure via Mr. Trumbull, the Chairman.

The redecoration of the Library and repair of furniture as well as the rise in subscription prices of journals has resulted in an overall rise in operating expenses. Because the budget does not permit unlimited purchase of current literature, a broad subject and author file, covering new books and serials, has been started. This file and the current reprints of pertinent papers which were published in non-ophthalmological journals, serve as a partial guide to current world-wide ophthalmic publishing

and supplement our growing but necessarily incomplete collection of books, journals and pamphlets.

A revision of the loan system has been started which will simplify the mechanics of borrowing books when the Librarian is not in charge. The Library is indebted to Treadwell Library at the MGH, to the Harvard Medical School, Boston Medical Library, and other institutions and individuals that have generously loaned material via the inter-library loan system. Gifts to the Library have been gratefully added to the collection or offered to the Medical Library Association Exchange (where they help maintain our membership) or sent to ophthalmologists abroad, relayed by the Unitarian Service Committee.

DAVID G. COGAN, M.D.,
Director, Howe Laboratory

Lectures Given and Articles Published

DEPARTMENT OF OPHTHALMOLOGY

CHANDLER, PAUL A. Prognosis in Incipient and Immature Cataract. Lectures on Glaucoma. Research Study Club, Los Angeles, California, January, 1949.

Lectures on Glaucoma. Memphis, Tennessee, February, 1949.

Glaucoma in Aphakia. St. Louis, Missouri, February, 1949.

Lectures on Glaucoma. Savannah, Georgia, March, 1949.

Practical Considerations Concerning Choice of Operation in Convergent Squint. Edward Jackson Memorial Lecture before Colorado Ophthalmological Society, Denver, Colorado, March 18, 1949. (To be published.)

DONAHUE, HUGH C. Unusual Mycotic Infection of the Lacrimal Canaliculi and Conjunctiva. American Journal of Ophthalmology, Volume 32, Number 2, February, 1949.

DUNPHY, EDWIN B. Action of Miotics. Read before the Central New York Eye, Ear, Nose and Throat Society, Syracuse, New York, January 19, 1949.

How Does Middle Age Affect the Eyes? Presented at the Fortieth Anniversary Conference of the National Society for the Prevention of Blindness, New York City, March 16-18, 1949, and appeared in *The Sight-Saving Review*, Volume XIX, Number 3.

Some Observations on Miotics. American Journal of Ophthalmology, Volume 32, Number 3, March, 1949.

The American Board of Ophthalmology Examinations. An editorial, American Journal of Ophthalmology, Volume 32, June, 1949, Number 6, Part 1, Pages 862.

The Effect of Di-Isopropyl Fluorophosphate (D.F.P.) on the Pupil of the Dark-Adapted Eye. American Journal of Ophthalmology. Volume 32, Number 10, October, 1949.

Ocular Conditions Associated with Idiopathic Hyperlipemia. Read before the American Ophthalmological Society at Hot Springs, Virginia, June 3, 1949.

HEATH, PARKER Ocular Lymphomas. American Journal of Ophthalmology, September, 1949.

Use of Phenylephrine Hydrochloride (Neo-Synephrine Hydrochloride) in Ophthalmology. Co-author with C. W. Geiter, M.D. Archives of Ophthalmology, February, 1949.

The Retrolental Fibroplasia Syndrome. Archives of Ophthalmology (In press).

Retrolental Fibroplasia. Lecture in Buffalo, N. Y. before the Pediatrics and Ophthalmology Society of Buffalo and Medical School Faculty. March, 1949.

A Case of Orbital Tumor. Given before the Pathology Club in Washington, D. C., April, 1949.

Study Council Lectures on Ocular Pathology—about 12 lectures. Given in Portland, Maine, July, 1949.

ONE HUNDRED AND TWENTY-FOURTH ANNUAL REPORT

Ocular Neoplasms. Given before the State Medical Meeting, Section on Ophthalmology at Burlington, Vermont, September, 1949.

Differential Diagnoses of Intraocular Pathology. Given before the American Academy of Ophthalmology and Otolaryngology in Chicago, Ill., October, 1949.

Ocular Diagnoses. Given before the Wayne University Eye Clinic at Detroit, Michigan, October, 1949.

Congenital Developmental Anomalies. Given before the New England Ophthalmological Society in Boston, Mass., November, 1949.

Retrolental Fibroplasia Syndrome. Given before the American Medical Association in Atlantic City, N. J., June, 1949.

JOHNSON, CARL CORDES. The Management of Ptosis. Given before the Gill Memorial Twenty-second Annual Spring Graduate Course at Roanoke, Virginia, April 8, 1949.

Diagnosis and Treatment of Glaucoma. Given before the Gill Memorial Twenty-second Annual Spring Graduate Course at Roanoke, Virginia, April 9, 1949.

Surgical Treatment of Ptosis. Given before the Post-Graduate Convention in Ophthalmology and Otolaryngology in Greenville, South Carolina, September 14, 1949.

Diagnosis and Treatment of Glaucoma. Given before the Post-Graduate Convention in Ophthalmology and Otolaryngology in Greenville, South Carolina, September 15, 1949.

KING, MERRILL J. A Clinical Study of 238 Cases of Retrolental Fibroplasia. Read before Section on Ophthalmology, American Medical Association. Atlantic City, N. J., June 9, 1949.

Lectures on Medical Ophthalmology in the Lancaster Study Course in Portland, Maine, September 5-10.

LANCASTER, WALTER B. Lectures on Optics and Refraction for Lancaster Course of Ophthalmological Study Council, Portland, Maine, August, 1949.

DEPARTMENT OF OTO-LARYNGOLOGY

BENEDICT, EDWARD B. Gastritis: Current Therapy. W. B. Saunders Co., p. 76-78, Philadelphia and London, 1949. Medical Progress, Endoscopy. New England Journal of Medicine, July 28, 1949.

The Differential Diagnosis of Benign and Malignant Lesions of the Stomach by Means of the Flexible Operating Gastroscope. Gastroenterology, February, 1950.

HOLMES, E. M. The Microtic Ear. Archives of Otolaryngology, Volume 49, March, 1949.

JOHNSON, CHARLES I. The Role of Roentgen Rays in diagnosis of Oto-Laryngologic Problems. Read before Texas State Medical Society, May, 1949. Published in Texas State Journal, February, 1950.

KAZANJIAN, V. H. *The Surgical Treatment of Facial Injuries*, with John M. Converse, M.D. Williams and Wilkins Company, Publishers, October, 1949.

Lectures on Orthoptics and management of the course for Orthoptic Technicians of the American Orthoptic Council, July-August, 1949.

Three Lectures on Ocular Motility in Symposium by the Department of Ophthalmology, Iowa State University, May, 1949. To be published.

Address delivered to The Eye Institute, Division of the Blind, Department of Education, Commonwealth of Massachusetts, April 13, 1949.

Address delivered in the Presentation of the Leslie Dana Medal to Dr. Conrad Berens in St. Louis, Missouri, October 15, 1949.

Presentation of the Red-Green Test at the Meeting of the Academy of Ophthalmology-Oto-Laryngology, Chicago, Ill., October 8, 1949. To be published in Transactions of the Academy.

Paper for the National Braille Press, Inc. on Orthoptics. To be published in Braille in Boston.

LEAHEY, BRENDAN D. Ocular Malignancy. Given before the Middlesex North District Medical Society, January, 1949.

Interesting Aspects of Corneal Transplantation. Given before International Symposium on Corneal Transplantation, Manhattan Eye and Ear Infirmary, April 18, 1949.

Beta Radiation-Indications, Technic, and Results. Given before joint meeting of New England Ophthalmological Society and Mass. Eye and Ear Infirmary Alumni Association, November, 1949.

External Ocular Malignancy. Instruction Course given before American Academy of Ophthalmology and Otolaryngology, October, 1949.

SLOANE, ALBERT E. Management of Early Presbyopia and Bilateral Aphakia. American Academy of Ophthalmology and Otolaryngology, March-April, 1949.

Refraction Clinic. American Journal of Ophthalmology. Volume 32, Number 6, June, 1949.

The Use of Skin Flaps in the Repair of Facial Deformities. Read before the American Association of Plastic Surgeons at Ann Arbor, Michigan, May, 1949. To be published.

Resection of a Large Tumor of the Mandible and Repair of the Deformity. Read before the American Society of Maxillofacial Surgeons at Montreal, Canada. September, 1949. To be published.

The Interrelation of Dentistry and Surgery of the Face and Jaws. Lecture given at the Harvard School of Dental Medicine, January, 1949.

Surgical Treatment of Maxillofacial Deformities. Lecture read before Worcester County Dental Society, November, 1949.

KELEMEN, GEORGE. The Anatomical Basis of Phonation in the Chimpanzee. Yearbook of Physical Anthropology, Volume 4, October, 1949.

Fenestration of the Labyrinth: a Bibliography. Addition. The Laryngoscope, Volume 59, February, 1949.

Discussion on Edmund P. Fowler, Jr.: Topical Applications to the Skin of the Ear Canal. Transactions of the American Academy of Ophthalmology and Oto-Laryngology, Volume 53, July-August, 1949.

Pathology of Middle Ear Deafness. American Academy of Ophthalmology and Oto-Laryngology, 1949. Instruction Section, Course No. 357.

Structure and Performance in Animal Language. Archives of Oto-Laryngology, Volume 50, December, 1949.

KELLEY, VINCENT J. Oral and Pharyngeal Moniliasis. Report of Ten Cases. Annals of Otology, Rhinology and Laryngology, Volume 58, September, 1949.

LEWIS, DONALD K. Results of the Fenestration Operation: A six year report of the Winthrop Foundation for the study of deafness at the Massachusetts Eye and Ear Infirmary, with Philip E. Meltzer. Transactions of the American Academy of Ophthalmology and Oto-Laryngology, May-June, 1949.

MELTZER, PHILIP E. Surgical Procedures Directed Toward the Prevention of Hearing Impairment in Children. Laryngoscope, November, 1949.

Untoward Results of the Fenestration Operation. Transactions of the American Academy of Ophthalmology and Oto-Laryngology, November-December, 1949.

Results of the Fenestration Operation, with Donald K. Lewis. Transactions of the American Academy of Ophthalmology and Oto-Laryngology, May-June, 1949.

MOSHER, HARRIS P. The Preliminary Education of the Physician. Transactions of the American Otological Society, May, 1949.

SCHALL, LEROY A. Transitional Cell Carcinoma of the Para-nasal sinuses, with David W. Brewer. Annals of Otology, Rhinology and Laryngology, Volume 58, June, 1949.

Tumors of the Nose and Nasal Sinuses and Naso-pharynx. Text Book of Surgery, edited by Frederick Christopher. Fifth Edition, Saunders Company, 1949.

La Ensenanza de la Otorrinolaringologia para el Estudiante y et graduado. Revista del Club Otorrinolaringologico, Buenos Aires, Volume I, 1949.

Cancer of the Nose and Sinuses. Cancer of the Larynx. Lectures given at the Midwinter Seminar in Oto-Laryngology, Miami Beach, Florida, January, 1949.

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Directory

MEMBERS OF INFIRMARY STAFF, ALUMNI AND RESIDENTS

Names of members of the Infirmary Staff are printed in capital letters.

Abbreviations following the name indicate to what service of the Infirmary the individual belongs:

Oph.; Ophthalmology
Oto-Lar.; Oto-Laryngology

Bron.; Bronchoscopy
Esoph.; Esophagoscopy

Letters in small type preceding the abbreviations indicate the special work of the individual:

a.; assistant
an.; anesthetist
assoc.; associate
c.; chief of service
cl.; clinical
cons.; consulting
dir.; director
exec. a.; executive assistant

fel. res.; fellow in research
grad.; graduate
path.; pathologist
r.; resident
roent.; roentgenologist
s.; surgeon
s.p.o.; surgeon for plastic operations
s.t.c.; surgeon assigned to Tumor Clinic

Addresses are in Boston unless stated to be elsewhere; and are in Massachusetts when no State is indicated.

The following list is correct to the best of our knowledge and belief. If there are any inaccuracies or omissions we would be glad to have these brought to our attention.

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ANGELINI, HUGO D., r. Oto-Lar.

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AYLESWORTH, FREDERICK A., Oph. 1916
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BAIR, HUGO L., Oph. 1932
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BALLENGER, JOHN J., Oto-Lar. 1943
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BARTON, RICHARD T., Oto-Lar. 1945
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BASSEN, EDWARD J., Oph. 1928
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- BAUER, FREDERICK, Aural 1902
- BEECHER, HENRY, an. MGH
- BEETHAM, WILLIAM P., s. Oph.
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- BLACK, CLAYTON, B. S., a. Oph. res.
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- BLAISDELL, IRL H., Oto-Lar. 1939
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- BRAWNER, LEON E., Oto-Lar. 1925
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- BREWER, DAVID W., Oto-Lar. 1948
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- BURKE, J. ROBERT, Oph. 1918, Aural 1919
207 Elm, Holyoke
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1103 Medical Arts Bldg., Tacoma, Wash.
- CANDRAY, CARLOS H., Oph. 1944
San Salvador, El Salvador
- CARON, ARMAND L., Oto-Lar. 1927
Medical Arts Bldg., Worcester
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- GAUS, LOUIS, Oph. 1921
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- GIFFORD, HAROLD, JR., Oph. 1934
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- GOLDMAN, A. MILTON, Oph. 1924
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- HALTON, EDWARD J., Oto-Lar. 1942
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- HEFFERNAN, DAVID A., Oph. 1904
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- HEINE, LYMAN H., Oto-Lar. 1927
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- HEINICKE, HORST J., Oto-Lar., 1948
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- HENNESSEY, WILLIAM W., Aural 1908
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- HERMAN, EDWARDS, con. s. Oto-Lar.
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- HILL, FRANCIS S., dir. M. E. & E. I.
- HILL, FREDERICK T., Aural 1916
111 Main, Waterville, Me.
- HO, ALBERT K. T., Oto-Lar. 1949
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ONE HUNDRED AND TWENTY-FOURTH ANNUAL REPORT

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- KAZANJIAN, VARAZTAD H., con.s.p.o.
Oto-Lar. & Oph. 475 Commonwealth Ave.
- KEARNY, RICHARD A., Aural & Lar. 1921
2311 Connecticut Ave., Washington, D. C.
- KELEMEN, GEORGE, cl.a. Oto-Lar.
243 Charles Street
- KELLEY, VINCENT J., s. Oto-Lar.
520 Commonwealth Ave.
- KENNEALLEY, ELMER V., r. Oph.
- KENNEDY, MICHAEL F., Oph. 1927
1835 I, N. W., Washington, D. C.
- KENT, CHARLES, cl.a. Oto-Lar.
270 Commonwealth Ave.
- KERST, J. ARTHUR, Oph. 1934
55 East Washington, Chicago, Ill.
- KING, DAVID G., r. Oto-Lar.
- KING, MERRILL J., s. Oph.
(Oph. 1932) 1180 Beacon
- KINSEY, V. EVERETT, Ph.D., a. prof. Oph. res.
Howe Lab., 243 Charles St.
- KOS, CLAIR M., Oto-Lar. 1941
University Hospital, Iowa City, Iowa
- LANCASTER, WALTER B., cons. s. Oph.
520 Commonwealth Ave.
- LANE, CHARLES S., Oto-Lar. 1949
Merchants Nat'l Bank Bldg.,
Fort Smith, Arkansas
- LANGWORTHY, HENRY G., Aural 1907
394 West 10th St., Dubuque, Iowa
- LAPIERRE, WARREN W., Oph. 1948
32 Clinton Ave., Norwichtown, Conn.
- LAVOIE, ROLAND, JR., r. Oto-Lar.
- LAWLOR, EDWARD R., cl.a. Oto-Lar.
(Oto-Lar. 1941) 267 Moody, Waltham
- LEAHEY, BRENDAN D., assoc. s. Oph.
(Oph. 1933) 9 Central, Lowell
- LECONTE, CHARLES M., Oto-Lar. 1947
Rue Royale, Cap-Haitien, Haiti
- LEMOINE, ALBERT N., Oph. 1923
411 Alameda Road, Kansas City, Mo.
- LEMOINE, ALBERT N., JR., Oph. 1945
411 Alameda Road, Kansas City, Mo.
- LENTINE, JOSEPH, a.s., Oto-Lar.
(Oto-Lar. 1935) 395 Commonwealth Ave.
- LEVITT, JESSE M., Oph. 1933
991 Ocean Ave., Brooklyn, N. Y.
- LEWIS, DONALD K., a.s. Oto-Lar.
(Oto-Lar. 1943) 243 Charles
- LIEBMAN, SUMNER D., sr. cl. a. Oph.
(Oph. 1943) 115 Bay State Road
- LIEBMAN, WILLIAM, Oph. 1911
115 Bay State Road
- LINEBACK, MERRILL I., r. Oto-Lar.
- LODGE, EDMUND A., Oto-Lar. 1924
Pleasant Street, Gloucester
- LO-PRESTI, JOSEPH J., sr. cl. a. Oph.
341½ Beacon
- LORING, ROBERT G., Oph. 1900, Retired
- LOTHROP, OLIVER A., Aural 1911
101 Beacon
- LOUGEE, JOHN L., Aural 1909
475 Commonwealth Ave.
- LOVELY, DAVID K., Oto-Lar. 1946
73 Dearing, Portland, Me.
- LOVESEY, BURTON S., assoc. s. Oto-Lar.
(Oto-Lar. 1935) 76 Bay State Rd.
- LUDVIGH, ELEK J., Ph.D., assoc. Oph. res.
Howe Lab., 243 Charles
- LURIE, MOSES H., s. Oto-Lar.
483 Beacon
- LYNCH, MERCER G., Oto-Lar. 1936
1567 Exposition Blvd., New Orleans, La.
- MACDONALD, ALEXANDER E., Oph. 1923
421 Med. Arts Bldg., Toronto, Ont., Can.
- MACDONALD, DONALD H., Oto-Lar. 1930
- MACHAMER, R. WENNER, Oto-Lar. 1945
18428 Scottsdale Blvd., Cleveland, Ohio
- MACKECHNIE, WILLIAM G., Aural 1918
Port of Spain, Trinidad, B. W. I.
- MACKENZIE, ROLAND C., Oph. 1911.
30 Grant, Waltham
- MACLAUGHLIN, CHARLES H., s.cl.a. Oph.
(Oph. 1947)
32 Pleasant St., Everett

- MACMILLAN, ALEXANDER S., roent.
483 Beacon
- MACMILLAN, ANDREW L., JR., Aural 1912
46 Pleasant St., Concord, N. H.
- MACNIE, JOHN P., Oph. 1929
635 W. 165th, New York City
- MALLORY, TRACY B., cons. path. MGH
- MANCALL, IRWIN T., r., Oph.
- MANSUR, LEON WALLACE, Oph. 1898 Retired
Valley Center, Calif.
- MARTIN, S. FORREST, a.s. Oph. (Oph. 1938)
101 Bay State Road
- MATTIS, ROBERT DEAN, Oph. 1942
4474 Westminster Place, St. Louis, Mo.
- MCAULEY, ALBERT G., Oph. 1915
1301 Dorchester, West, Montreal, Can.
- MCCABE, FRANK J., Oph. 1916
204 Angell, Providence, R. I.
- MCCALL, ROBERT E., Oto-Lar., 1938
236 S. Main, Marion, N. C.
- MCCLINTOCK, WALTER L., Oto-Lar., 1938
1245 Hancock, Quincy
- MCENEANY, JOSEPH P., cl.a. Oto-Lar.
(Oto-Lar. 1947)
301 Essex, Lawrence
- MCGUIGAN, G. EDMUND, Oph. 1924
116 W. Market, York, Pa.
- MCINTIRE, FREDERIC J., Oph. 1910
63 North Common, Lynn
- MCKEIGUE, JOHN E., cl.a. Oto-Lar.
(Oto-Lar. 1949)
403 Commonwealth
- McKENZIE, RODNEY J., Oto-Lar.
- MCLEOD, ANGUS M., Oto-Lar. 1932
Medical Arts Bldg., Toronto, Ontario, Canada
- MCLEOD, JOHN, Oph. 1930
636 Argyle Bldg., Kansas City, Mo.
- MEEK, RAYMOND E., Oph. 1926
729 Park Ave., New York City
- MELTZER, PHILIP E., s. Oto-Lar.
(Aural 1919)
20 Charlesgate West
- MERRIAM, FREDERIC, Ph.D., a. Oph. res.
Howe Lab., 243 Charles
- MERRITT, ROBERT E., Oph. 1920 Retired
Valley Center, Calif.
- MERTINS, PAUL S., Oto-Lar. 1936
32 Clayton St., Montgomery, Ala.
- MESSINGER, HARRY K., a.s. Oph.
(Oph. 1934)
313 Commonwealth Ave.
- MEYER, MONTO F., Oph. 1919
904 Canal Bank Bldg., New Orleans, La.
- MILES, NATHAN E., Oph. 1937
1031 S. 21st St., Birmingham, Ala.
- MILLER, DANIEL, a.s. Oto-Lar.
(Oto-Lar. 1943)
20 Charlesgate West
- MILLS, LLOYD, JR., Oph. 1947
910 Westchester Pl., Los Angeles, Calif.
- MOORE, DONALD E., Oph. 1937
417 Medical Arts Bldg., Syracuse, N. Y.
- MOORE, EDWARD E., Oph. 1944
- MOORE, FONTAINE B., Aural 1914
- MOORE, JAMES A., Oto-Lar. 1940
525 E. 68th, New York City
- MOORMAN, JOHN D., Oph. 1939
Times Bldg., Huntsville, Ala.
- MORRISSEY, ARTHUR M., cl.a. Oph.
185 High, Medford
- MOSHER, HARRIS P., cons. s. Oto-Lar.
127 Front, Marblehead
- MOSHER, HENRY A., sr. cl.a. Oph.
(Oph. 1941)
71 Bay State Road
- MOTELEY, FREDERIC E., Oto-Lar. 1925
Charlotte Eye and Ear Hospital
Charlotte, North Carolina
- MOULTON, EVERETT C., JR., Oph. 1948
Merchants National Bank Bldg.
Fort Smith, Arkansas
- MUELLER, WERNER, a.s. Oto-Lar.
(Oto-Lar. 1933)
243 Charles
- MURPHY, EDWARD M., Oph. 1915
9 Central, Lowell
- MURPHY, WILLIAM E., Oto-Lar. 1933
Slater Bldg., Worcester

- MYERS, ROSCOE W., Oph. 1927
36 Pleasant, Worcester
- MYERS, STANLEY A., Oto-Lar. 1937
39 Hilton Ave., Youngstown, Ohio
- MYSEL, PHILIP, con. s. Oto-Lar.
483 Beacon
- NACHLAS, NATHAN E., r. Oto-Lar.
- NAVAS, LUIS, r. Oto-Lar.
- NICHOLSON, HARRY M., Aural 1913
515 Medical Arts Bldg.
Hamilton, Ontario, Can.
- O'CONNELL, JOHN D., Oph. 1943
50 Farmington Ave., Hartford, Conn.
- O'CONNOR, MICHAEL JAMES, Oph. 1946
Valley National Bank Bldg., Tucson, Ariz.
- O'CONNOR, MICHAEL JOHN, Aural & Lar. 1923
105 Waterman, Providence, R. I.
- OFFENBACH, BERTHA, cl.a. Oph.
270 Commonwealth Ave.
- OGDEN, FREDERIC W., Oto-Lar. 1942
- OKAMURA, ICHIRO, M.D., fel. Oph. Path.
243 Charles
- OLDS, BOMAR A., Oto-Lar. 1929
26 Linden Ave., N. E., Atlanta, Ga.
- OLSEN, HENRIETTA I., exec.a.
M.E. & E.I.
- PARKER, HARRY C., Oph. 1902
- PETERSON, WALBORG L., exec.a.
M.E. & E.I.
- PIPPITT, RICHARD B., sr.cl.as. Oph.
(Oph. 1949)
101 Bay State Road
- POIRIER, GEORGE H., cons. s. Oto-Lar.
60 Bay State Road
- POLLEN, ABRAHAM, sr.cl.a. Oph.
(Oph. 1944)
636 Beacon
- POLLOCK, FREDERIC J., Oto-Lar. 1935
- POPPE, MAYO J., Oph. 1948
6356½ Van Nuys Blvd.
Van Nuys, Calif.
- POSNER, MARVIN, r. Oph.
- PRICE, F. RAYMOND, Oph. 1936
118 Rutledge Ave., Charleston, S. C.
- PROVOST, ADOLPHE J., Oto-Lar. 1927
36 Lowell, Manchester, N. H.
- PRUDHON, CHARLES A., Oto-Lar. 1930
168 Sterling, Watertown, N. Y.
- QUEVEDO, A. ARTURO, Oph. 1933
4a Ave. Sur 19, Guatemala City
Guatemala, C. A.
- QUEVEDO, JULIO, Oto-Lar. 1941
15 C.O. 5, Guatemala City, Guatemala, C. A.
- QUINCY, JOSIAH E., assoc.s. Oto-Lar.
(Oto-Lar. 1926)
270 Commonwealth
- RAMBO, J. H. TOM, Oto-Lar. 1948
119 E. 74th Street, N. Y. C.
- RAYNES, ALPHONSE F., Oph. 1923
16 Market Sq., Portsmouth, N. H.
- REAGAN, DANIEL J., cl.a. Oph.
(Oph. 1943; Oto-Lar. 1944)
507 Main, Worcester
- RICE, THEODORE A., Oph. 1942
390 Main, Worcester
- RICHARDS, LYMAN G., s. Oto-Lar.
(Oto-Lar. 1924)
1101 Beacon, Brookline
- RICHARDSON, JOHN R., assoc. s. Oto-Lar.
(Oto-Lar. 1935)
403 Commonwealth Ave.
- RIEMER, HUGO B. C., cons. s. Oph.
62 Winter St., Norwood
- RIEMER, KARL, sr.cl.a. Oph. (Oph. 1943)
403 Commonwealth Ave.
- ROBERTSON, ANNIE M., a. to dir.
M.E. & E.I.
- ROOPENIAN, ARAM, a.s. Oto-Lar.
(Oto-Lar. 1944)
475 Commonwealth
- ROTHWELL, STEPHEN C., Oto-Lar. 1925
100 Eighth, New Bedford
- RUBEN, MAURICE, cl.a. Oto-Lar.
311 Commonwealth Ave.
- RUGGLES, RALPH H., assoc. s. Oph.
(Oph. 1920)
394 Marlborough
- RUNGE, PAUL M., sr. cl.a. Oph.
140 Marlborough

- SACHS, BENJAMIN, s. Oph.; (Oph. 1925)
520 Beacon
- SAINSBURY, AUGUSTUS W., Oto-Lar. 1943
42 N. Main, Canandaigua, N. Y.
- SAMS, JAMES M., Oto-Lar. 1949
Jones Eye, Ear, Nose and Throat Hospital
Johnson City, Tennessee
- SARGENT, FRANCIS B., Aural & Lar. 1923
124 Waterman, Providence, R. I.
- SAVAGE, ROSS E., Oph. 1910
Gloucester
- SCARNEY, HERMAN D., Oph. 1928
573 Fisher Bldg., Detroit, Mich.
- SCHALL, LEROY A., c. Oto-Lar.
243 Charles
- SCHEPENS, CHARLES L., sr.cl.a. Oph.
243 Charles St.
- SCHNEBLY, J. THOMAS, Oph. 1936
900 17th N.W., Washington, D. C.
- SCOTT, DAVID H, sr.cl.a. Oph.
(Oph. 1949)
1 Monument Sq., Beverly
- SEALE, EARL S., a.s. Oph.
(Oph. 1940)
99 Bay State Road
- SHAMBAUGH, GEORGE E., JR., Oto-Lar. 1932
55 E. Washington Street, Chicago, Ill.
- SHEA, JOHN J., r. Oto-Lar.
- SHEEHAN, LINUS A., sr.cl.a. Oph.
(Oph. 1943)
210 Angell, Providence, R. I.
- SHERMAN, MORRIS, r. Oto-Lar.
- SHLOSSBERG, FRANK R., a.s. Oto-Lar.
116 Emerson, Haverhill
- SKILLING, FRANCIS C., Oph. 1933
442 Ingram Bldg., Miami, Fla.
- SLAUGHTER, EARL C., Oto-Lar. 1940
Granada Bldg., Norfolk, Neb.
- SLOANE, ALBERT E., a.s. Oph.
416 Marlborough
- SMITH, HAROLD D., Oto-Lar. 1937
342 Investment Bldg., Pomona, Calif.
- SMITH, TAYLOR, r. Oph.
- SMITH, WILLIAM L., r. Oph.
- SNOW, ROBERT C., Oto-Lar. 1940
202 E. So. Temple, Salt Lake City, Utah
- SPRATT, CHARLES N., Oph. 1904
1231 Medical Arts Bldg., Minneapolis, Minn.
- STEPHENS, H. FREDERICK, a.s. Oph.
(Oph. 1939)
195 Thayer St., Providence, R. I.
- STERNSTEIN, HERMAN J., a.s. Oto-Lar.
416 Marlborough
- STONE, WILLIAM, sr.cl.a. Oph.
(Oph. 1949)
1101 Beacon
- SULLIVAN, GARRETT L., a.s. Oph.
(Oph. 1938)
101 Bay State Road
- SWENSON, RUDOLPH E., cl.a. Oto-Lar.
1 Carver, Plymouth
- TEGELBERG, JULIUS, Oto-Lar. 1931
390 Main, Worcester
- THOMAS, JOHN H., Oto-Lar. 1944; (Oph. 1946)
262 E. Market, Warren, Ohio
- THOMPSON, PETER HUNTER, cons. s. Oph.
(Oph. 1902)
308 Commonwealth Ave.
- THORNE, FRED S., cons. s. Oph.
270 Commonwealth Ave.
- TOBEY, HAROLD G., cons. s. Oto-Lar.
(Aural 1915)
403 Commonwealth Ave.
- TOOT, J. FREDERICK, Oph. 1922
520 First National Bank Bldg., Canton, Ohio
- TROTTER, ROBERT R., r. Oph.
- TUCCI, JOHN H., a.an.
243 Charles
- TWITCHELL, MARSHALL C., Oph. 1941
217 S. Union, Burlington, Vt.
- VAIL, DERRICK T., Oph. 1924
700 N. Michigan Ave., Chicago, Ill.
- VERHOEFF, FREDERICK H., cons. c. Oph.
395 Commonwealth Ave.
- VIGER, ROLAND J., Oph. 1937
1414 Drummond, Montreal, Quebec, Can.
- WAITE, J. HERBERT, cons. s. Oph.
(Oph. 1923)
7 Bay State Road

ONE HUNDRED AND TWENTY-FOURTH ANNUAL REPORT

WALES, ERNEST DEW., Aural 1902
1236 N. Pennsylvania, Indianapolis, Ind.

WALKER, D. HAROLD, cons. s. Oto-Lar.
(Aural 1902)
5 Bay State Road

WATTLES, F. MERRILL, Oto-Lar. 1938
1200 So. Kuhl Ave., Orlando, Fla.

WEBSTER, FRANKLIN R., Oph. 1926
810 State Tower Bldg., Syracuse, N. Y.

WEBSTER, RICHARD C., JR., cl.a. Oto-Lar.
1101 Beacon

WEILLE, FRANCIS L., s. Oto-Lar.
(Oto-Lar. 1929)
247 Commonwealth Ave.

WEISMAN, HERMAN J., Oto-Lar. 1944
76 Limerock, Rockland, Me.

WEST, FRANCIS J., sr. cl.a. Oph. (Oph. 1947)
270 Commonwealth Ave.

WHITE, LEON E., cons.s. Oto-Lar.
(Aural & Lar. 1923)
395 Commonwealth

WHITNEY, RAYMOND C., Oph. 1922
227 Union, New Bedford

WILKINS, SAMUEL H., cons. s. Oph.
270 Commonwealth Ave.

WILLIS, HARRY C., Aural & Lar. 1923
216 E. Nash, Wilson, N. C.

WINKLER, HERMAN A., Oto-Lar. 1926
224 Thayer, Providence, R. I.

WISHART, DAVID E. S., Aural & Lar. 1922
47 Grosvenor, Toronto, Ont., Can.

WOODARD, M. WAYNE, r. Oph.

WRIGHT, CLARENCE F., Oto-Lar. 1931
86 Bloor West, Toronto, Ont., Can.

WRIGHT, EDWARD N., Oto-Lar. 1933
210 Public Utilities Bldg.
Port Arthur, Ontario, Can.

ZANEK, OTTO L., Oph. 1946
1704 Espercon Bldg., Houston, Tex.

ZONDERMAN, BERNARD, cl.a., Oto-Lar. 1946
314 Commonwealth Ave.



In Memoriam

FRANCIS J. CARNEY

Orderly

1929-1949

SAMUEL J. McDONALD, M.D.

Consulting Surgeon in Ophthalmology

1902—Ophthalmic Intern; 1903—Ophthalmic Clinical Assistant; 1909—Junior Assistant Surgeon; 1913—Assistant Surgeon; 1921—Surgeon; 1931—Consulting Surgeon.

FREDERIC A. WASHBURN, M.D.

Director 1915-1934

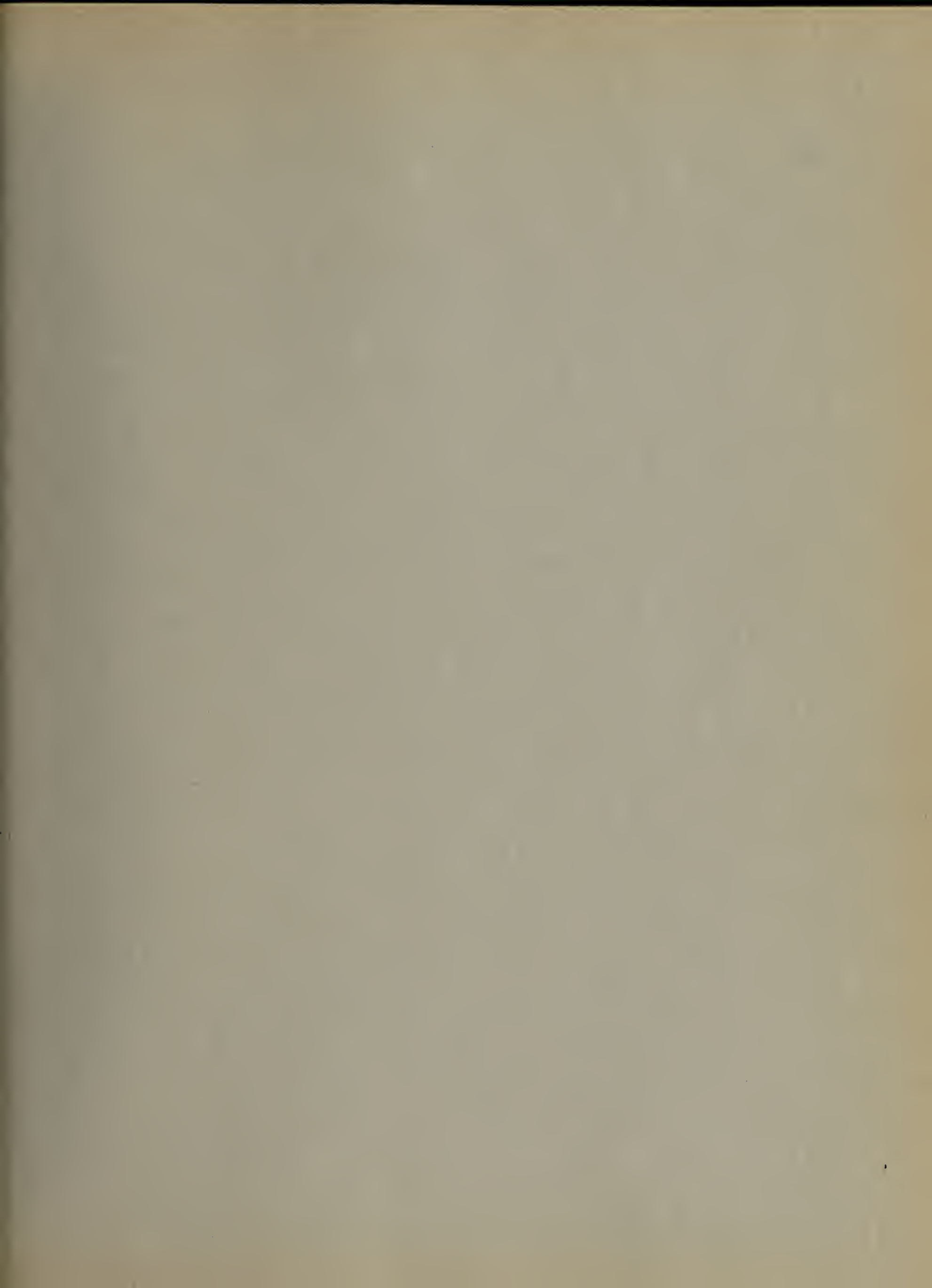
ROGER LEE RUGGLES, M.D.

Resident 1930-32; Clinical Assistant 1932

CHARLES FOWLER

Orderly

1915-1949



Massachusetts
Eye and Ear Infirmary

ONE HUNDRED and TWENTY FIFTH
A N N U A L R E P O R T
1950



BOSTON • MASSACHUSETTS

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Massachusetts
Eye and Ear Infirmary

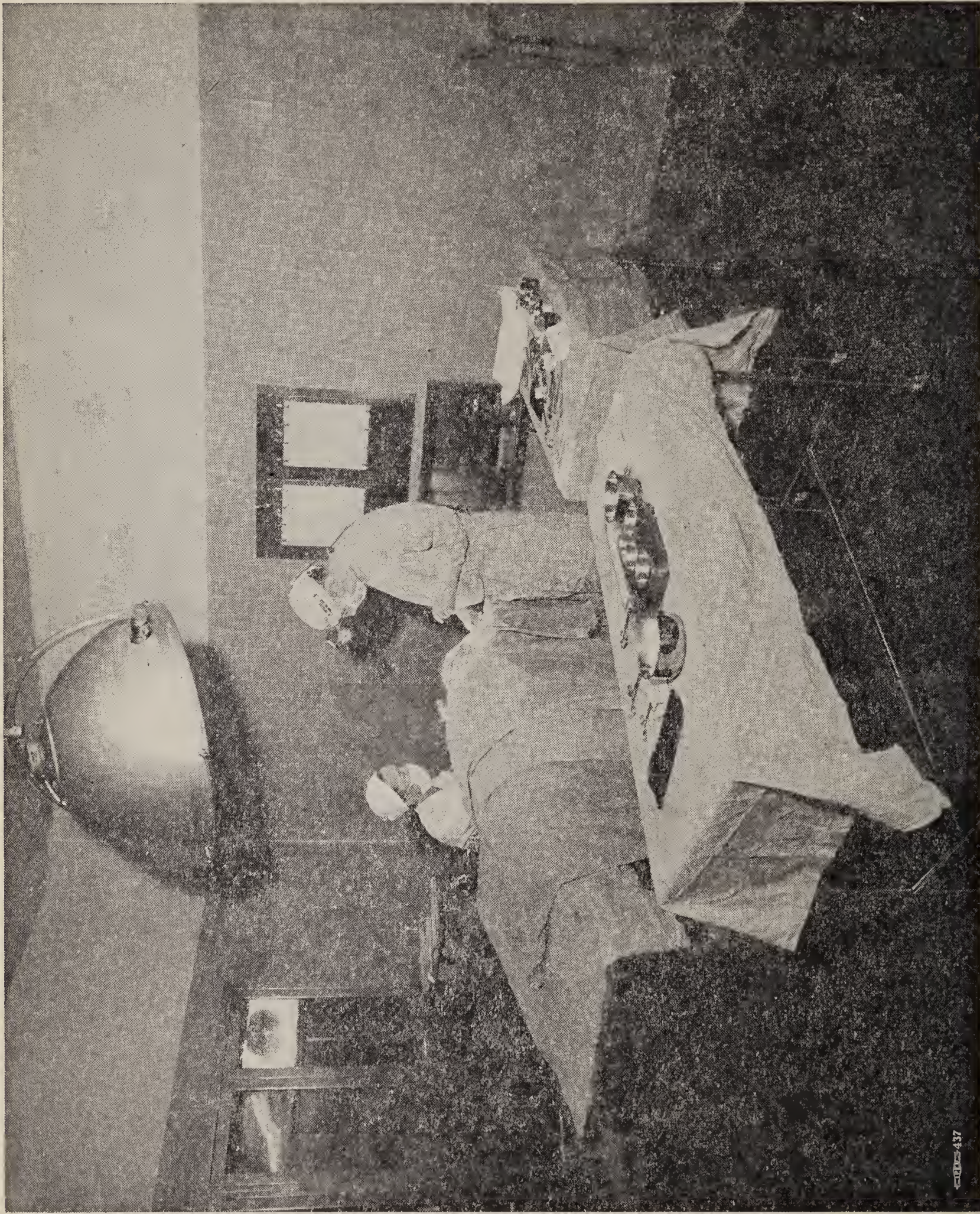
ONE HUNDRED and TWENTY FIFTH
A N N U A L R E P O R T
1950



243 Charles Street, Boston 14, Massachusetts

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Surgery in one of the new operating rooms . . . where 90% of Infirmary patients come for operations that often restore eyesight and hearing.

MASSACHUSETTS EYE AND EAR INFIRMARY

INCORPORATED IN 1827

THE MASSACHUSETTS EYE AND EAR INFIRMARY with its Out-Patient Clinics serves men, women and children from all over New England who need expert care for diseases and injuries of the eyes, ears, nose and throat. Established in 1824, the Infirmary is one of the two oldest hospitals of its kind in the country, devoted to the preservation of good eyesight and sound hearing.

This year, after a period of construction that brought many improvements and modernizations, the Infirmary completed its Building Program. This reconstruction has provided our fine staff of specialists with the medical facilities their skill requires and gives our patients the accommodations and comforts needed to make their recovery rapid and pleasant. Four completely modern operating rooms for each service, two new floors of private and semi-private rooms, and enlarged bed space in the wards, assures this community of the best in hospital care in this important field of medicine.

The Infirmary is an independent, non-profit, voluntary hospital receiving no support from the city or state. The Board of Managers are non-paid and the medical staff of specialists give their services without charge to all patients in the clinics and on the wards. The Infirmary's allotment from the Community Fund, as a Red Feather Service, does not cover the cost of the "free service" that the hospital gives to patients who cannot pay for their own care.

The wards and out-patient clinics are open only to those who are not able to pay doctors' fees. However, all patients, in the clinics and wards as well as in the private rooms, are under the medical and surgical care of the staff who are specialists in ophthalmology and oto-laryngology.

In many ways the Infirmary and the Massachusetts General Hospital cooperate, to give complete medical service to patients. The clinics of both hospitals are in a common Out-Patient Department with its entrance on Fruit Street. Also for maximum efficiency and economy in operating, the two hos-

pitals unite in such matters as purchasing, maintenance and personnel management.

Patients are admitted to the wards by appointment with the Admitting Office, 243 Charles Street, from 9 to 10 A.M. daily except Sunday and legal holidays. Arrangement for admission to private rooms is made by the staff physician in charge of the patient but all patients are admitted through the Infirmary Admitting Office.

Daily rates for board and room for ward patients are \$12* with special services like x-ray and operating room fees, extra. Rates for children patients are \$12* in the wards with semi-private rates of \$14*. Semi-private care in 4, 5 or 6 bed rooms on the fourth floor is \$14*. Private care is \$17* to \$20* for single room with lavatory and \$19* to \$22* for single room with bathroom. These rates include general nursing and ordinary medicine.

Blue Cross (Associated Hospital Service) plans are accepted at the Infirmary, the benefits being allowed as soon as approval has been received. All other non-profit insurance is handled by the patient for himself and he pays the regular rates to the hospital.

Whenever a patient is under the care of a doctor, arrangements for admission should be made by the doctor or the patient should bring a letter from the doctor, recommending admission to the Infirmary. However, any patient who is not under the care of a doctor and who is not able to pay for private care is eligible for treatment in the wards and clinics. In cases of emergency, of course, the patient is admitted immediately at any time of the day or night.

The clinics, located in the adjoining Out-Patient Department on Fruit Street, are open daily except Sunday and legal holidays for a fee of \$2.25* per clinic visit. After a preliminary interview, out-patients are examined by the clinic doctor and treatment is prescribed. If further treatment is necessary, the clinic patient is given an appointment for his next visit, as subsequent visits are by appointment only.

*As of January, 1951.

Officers

BOARD OF MANAGERS 1950

<i>President</i>	.	.	.	Henry Hixon Meyer	1937
				53 State Street, Boston	
<i>Secretary</i>	.	.	.	Edmund V. Keville	1942-43 1945
				49 Federal Street, Boston	
<i>Treasurer</i>	.	.	.	Horace W. Frost	1940
				74 State Street, Boston	
William H. Claflin, III	.	.	.	74 State Street, Boston	1947
Mrs. Richard Cary Curtis	.	.	.	215 Warren Street, Brookline	1940
Wallace Falvey*	.	.	.	10 Post Office Square	1950
James C. Howe	.	.	.	53 State Street, Boston	1914
Mrs. Francis T. Hunter	.	.	.	56 Lawrence Road, Chestnut Hill	1950
Rev. Robert G. Metters	.	.	.	15 Newbury Street, Boston	1948
Patrick A. O'Connell*	.	.	.	154 Tremont Street, Boston	1934
William A. Parker	.	.	.	200 Berkeley Street, Boston	1935
Mrs. Sullivan A. Sargent	.	.	.	701 South Street, Needham	1945
Walter H. Trumbull	.	.	.	Weston, Massachusetts	1929
Frederic Winthrop	.	.	.	Ipswich, Mass.	1943

* appointed by the Commonwealth

Corporation

(in addition to Managers)

William S. Ballard	45 Milk Street, Boston
Robert F. Bradford	106 Coolidge Hill Road, Cambridge
Mrs. John W. Farley	898 South Street, Needham
Nathaniel Faxon, M.D.	25 Chestnut Street, Boston
Francis W. Hatch, Jr.	84 State Street, Boston
Thomas H. Hoare	6 Beacon Street, Boston
Robert H. Hopkins	82 Devonshire Street, Boston
William F. Keesler, Jr.	69 Homestead Street, Newton
Walter B. Lancaster, M.D.	520 Commonwealth Avenue, Boston
Arthur T. Lyman	Westwood, Massachusetts
August R. Meyer	121 Clifton Street, Belmont
Harris P. Mosher, M.D.	127 Front Street, Marblehead
Miss Amelia Peabody	120 Commonwealth Avenue, Boston
Edwin H. B. Pratt	16 Fayerweather Street, Cambridge
Huston Rawls	84 State Street, Boston
Honorable Leverett Saltonstall	84 Devonshire Street, Boston
Frederick H. Verhoeff, M.D.	395 Commonwealth Avenue, Boston
D. Harold Walker, M.D.	5 Bay State Road, Boston

Executive Committee: Mr. Meyer, Mr. Frost, Mr. Claflin, Mr. Metters

Finance Committee: Mr. Meyer, Mr. Frost, Mr. Parker

Social Service Advisory Committee: Mr. Falvey, *Chairman*; Mr. Metters, Mrs. Leviser, Mrs. Soule, Merrill J. King, M.D.; Moses H. Lurie, M.D., Mr. Howe, Miss Meenan

Public Relations Advisory Committee: Mr. Hatch, *Chairman*; Mrs. Hall, Mr. August Meyer, David G. Cogan, M.D.

House Committee: Mrs. Farley, *Chairman*; Mr. Claflin, Burton E. Lovesey, M.D., Harry E. Braconier, M.D., Charles I. Johnson, M.D.

Executive Officers

Director — Francis S. Hill

<i>Assistant to the Director</i>	Mrs. Geneva L. Wayland, R.N.
<i>Chief of Ophthalmology</i>	Edwin B. Dunphy, M.D.
<i>Chief of Otology and Laryngology</i>	LeRoy A. Schall, M.D.
<i>Superintendent, Nursing Service Training School</i>	Dorothy M. Tarbox, R.N.
<i>Administrative Assistants, Charge of Admitting Office</i>	Ruth M. Hutchinson, R.N. Walborg L. Peterson, R.N. Henrietta Olsen, R.N. Martha Davidson, R.N.

Advisory Staff

<i>Advisor to Superintendent of Nursing Service; Training School</i>	Ruth Sleeper, R.N.
<i>Acting Director, Department of Dietetics; School of Dietetics</i>	Louise Hatch
<i>Coordinating Comptroller</i>	Russell Greenhood

Heads of Departments

<i>Accounting</i> George S. Watts	<i>Medical Social Service</i> . Eunice W. Wilson, B.S.
<i>Credit Manager</i> Frances M. Hernan	<i>Occupational Therapy</i> Alice L. Hogan, OTR
<i>Dietary</i> Grace Sims	<i>Optical Shop</i> Albert E. Maver
<i>Housekeeping</i> Roscoe C. Adams	<i>Personnel</i> Lois D. McCoy
<i>Maintenance</i> Raymond V. Kinsman	<i>Pharmacy</i> John Murphy
<i>Medical Records</i> . E. Louise Seymour, R.R.L.	<i>Public Relations</i> Virginia Gerould
<i>Purchasing</i> Allen H. Mathewson	

Service Pin Awards

Miss Mary Hirtle <i>Nurse — 10 years</i>	Miss Adele Dragon <i>Laundry — 10 years</i>
Mrs. Eunice Wilson <i>Director, Social Service — 10 years</i>	Frank Johnson <i>Maintenance — 10 years</i>
Mrs. Irene Phillips <i>Housekeeping — 10 years</i>	Dr. Werner Mueller <i>Director, Mosher Laboratory — 10 years</i>
Miss Alice Reed <i>Housekeeping — 10 years</i>	Dr. Edwin B. Dunphy <i>Chief of Ophthalmology — 10 years</i>

Department of Ophthalmology

Chief of Ophthalmology
Edwin B. Dunphy, M.D.

Consulting Chief of Ophthalmology
Frederick H. Verhoeff, M.D.

Surgeons in Ophthalmology

Benjamin Sachs, M.D.
Paul A. Chandler, M.D.
William P. Beetham, M.D.

Virgil G. Casten, M.D.
Trygve Gundersen, M.D.
Merrill J. King, M.D.

Director of Pathology Laboratory
Parker Heath, M.D.

Associate Surgeons in Ophthalmology

David G. Cogan, M.D.

Brendan D. Leahey, M.D.

Hugh C. Donahue, M.D.

Assistant Surgeons in Ophthalmology

Thomas Cavanaugh, M.D.
A. William Collinson, M.D.
Edward E. Covitz, M.D.
Mahlon T. Easton, M.D.
Herman P. Grossman, M.D.
Paul G. Haire, M.D.
Carl C. Johnson, M.D.

Sumner D. Liebman, M.D.
S. Forrest Martin, M.D.
Abraham Pollen, M.D.
Earl S. Seale, M.D.
Albert E. Sloane, M.D.
Garrett L. Sullivan, M.D.

Assistants in Ophthalmology

Henry F. Allen, M.D.
Harry E. Braconier, M.D.
Frederic Breed, M.D.
Julian F. Chisholm, Jr., M.D.
Joseph M. Clough, M.D.
Thomas P. Cronin, M.D.
W. Morton Grant, M.D.
Warren D. Haley, M.D.
Linley C. Happ, M.D.
Joseph Lo-Presti, M.D.
Charles H. MacLaughlin, M.D.
Arthur M. Morrissey, M.D.

Henry A. Mosher, M.D.
Bertha Offenbach, M.D.
Richard B. Pippitt, M.D.
Daniel J. Reagan, M.D.
Karl Riemer, M.D.
Paul M. Runge, M.D.
Charles L. Schepens, M.D.
David H. Scott, M.D.
Linus A. Sheehan, M.D.
William Stone, M.D.
Francis J. West, M.D.
Marshall W. Woodard, M.D.

Residents in Ophthalmology

Samuel T. Adams, M.D.
Robert J. Brockhurst, M.D.
Herbert Giller, M.D.
Joseph Ginsberg, M.D.
Edwin B. Goodall, M.D.

Elmer V. Kennealley, M.D.
Irwin T. Mancall, M.D.
Ichiro Okamura, M.D.
Marvin Posner, M.D.
Charles D. Reagan, M.D.

Robert R. Trotter, M.D.

CONSULTING SURGEONS IN OPHTHALMOLOGY

Walter B. Lancaster, M.D.
Peter H. Thompson, M.D.
Hugo B. C. Riemer, M.D.
J. Herbert Waite, M.D.

Edmund W. Clap, M.D.
Samuel H. Wilkins, M.D.
Fred S. Thorne, M.D.
Ralph H. Ruggles, M.D.

Department of Oto-Laryngology

Chief of Otology and Laryngology

LeRoy A. Schall, M.D.

Surgeons in Oto-Laryngology

Philip E. Meltzer, M.D.

Moses H. Lurie, M.D.

Robert L. Goodale, M.D.

Francis L. Weille, M.D.

Charles I. Johnson, M.D.

Maurice G. Evans, M.D.

Vincent J. Kelley, M.D.

Surgeon for Bronchoscopy and Esophagoscopy

Lyman G. Richards, M.D.

Surgeon for Tumor Clinic

Carl H. Ernlund, M.D.

Surgeon for Plastic Operations

Edgar M. Holmes, M.D.

Associate Surgeons in Oto-Laryngology

John R. Richardson, M.D.

Charles H. Allman, M.D.

Walter J. E. Carroll, M.D.

John R. Frazee, M.D.

Joseph Lentine, M.D.

Burton E. Lovesey, M.D.

J. Charles Drooker, M.D.

Assistant Surgeons in Oto-Laryngology

Calvin M. Cerrato, M.D.

Elizabeth DeBlois, M.D.

George Kelemen, M.D.

Donald K. Lewis, M.D.

Daniel Miller, M.D.

Werner Mueller, M.D.

Aram Roopenian, M.D.

Frank R. Shlossberg, M.D.

Herman J. Sternstein, M.D.

Bernard Zonderman, M.D.

Assistants in Oto-Laryngology

Alfred T. Joseph, M.D.

Kenneth Kazanjian, M.D.

Charles Kent, M.D.

Edward F. Lawlor, M.D.

Joseph P. McEneaney, M.D.

John E. McKeigue, M.D.

Maurice Ruben, M.D.

Richard C. Webster, Jr., M.D.

Clinical Assistant for Bronchoscopy and Esophagoscopy

Edward B. Benedict, M.D.

Residents in Oto-Laryngology

Hugo D. Angelini, M.D.

David G. King, M.D.

John S. Lilly, M.D.

Merrill I. Lineback, M.D.

Daniel E. M. Martinez, M.D.

Nathan E. Nachlas, M.D.

Raymond L. Pfister, M.D.

George F. Reed, M.D.

Volker H. Stapff, M.D.

CONSULTING SURGEONS IN OTO-LARYNGOLOGY

Joseph L. Goodale, M.D.

D. Harold Walker, M.D.

Frederick E. Garland, M.D.

Frederick L. Bogan, M.D.

Harry A. Barnes, M.D.

Harris P. Mosher, M.D.

Leon E. White, M.D.

George H. Poirier, M.D.

Edwards Herman, M.D.

Varaztad H. Kazanjian, M.D.

Harold H. Tobey, M.D.

Gustave B. Fred, M.D.

Philip Mysel, M.D.

Josiah E. Quincy, M.D.

Anesthetist

Henry K. Beecher, M.D.

Assistant Anesthetist

John H. Bunker, M.D.

Roentgenologist

A. S. Macmillan, M.D.

Consulting Pathologist

Tracy B. Mallory, M.D.

Consulting Physicians

James H. Means, M.D.
F. Dennette Adams, M.D.
Fuller Albright, M.D.
Joseph C. Aub, M.D.
Walter Bauer, M.D.
Chester M. Jones, M.D.
Robert S. Palmer, M.D.
Myles P. Baker, M.D.
Edward F. Bland, M.D.
Earle M. Chapman, M.D.
Greene Fitz-Hugh, M.D.
Maurice Fremont-Smith, M.D.
Francis T. Hunter, M.D.
Alfred Kranes, M.D.
Jacob Lerman, M.D.
Helen S. Pittman, M.D.
Marion W. Ropes, M.D.
Charles L. Short, M.D.
David D. Rutstein, M.D.
Howard B. Sprague, M.D.
James H. Townsend, M.D.
Conger Williams, M.D.
Dana L. Farnsworth, M.D.
Paul C. M. Zamecnik, M.D.
Allen G. Brailey, M.D.

Walter S. Burrage, M.D.
John W. Cass, Jr., M.D.
Richard W. Clark, M.D.
Milton H. Clifford, M.D.
Briant L. Decker, M.D.
John H. Fay, M.D.
Reed Harwood, M.D.
William R. Hill, M.D.
Bernard M. Jacobson, M.D.
Richard B. King, M.D.
Sylvester McGinn, M.D.
John P. Monks, M.D.
Milton J. Quinn, M.D.
George P. Sturgis, M.D.
Roy R. Wheeler, M.D.
John W. Zeller, M.D.
Arthur L. Watkins, M.D.
John B. Stanbury, M.D.
Perry J. Culver, M.D.
Lowrey F. Davenport, M.D.
Anne P. Forbes, M.D.
Thomas F. Paine, Jr., M.D.
Janet W. McArthur, M.D.
Gordon S. Myers, M.D.

Consulting Dermatologists

Chester N. Frazier, M.D.
G. Marshall Crawford, M.D.
Jacob H. Swartz, M.D.
John Adams, Jr., M.D.

Mildred Ryan, M.D.
Maurice M. Tolman, M.D.
William R. Hill, Jr., M.D.
Walter F. Lever, M.D.

Consulting Pathologists

Tracy B. Mallory, M.D.
Francis T. Hunter, M.D.
Benjamin Castleman, M.D.
Charles S. Kubik, M.D.

Donald C. Sniffen, M.D.
Michael A. Luongo, M.D.
Austin L. Vickery, Jr., M.D.
Robert E. Scully

Consulting Radiologists

Laurence L. Robbins, M.D.
Milford D. Schulz, M.D.
Stanley M. Wyman, M.D.

James J. MacCort, M.D.
Joseph Hanelin, M.D.
William R. Eyler, M.D.

Consulting Endoscopist

Edward B. Benedict, M.D.

Consulting Bacteriologist

Louis Dienes, M.D.

Consultant in Contagious Disease

Edwin H. Place, M.D.

Consultant in Preventive Medicine

John E. Gordon, M.D.

Consultant in Pharmacology

Otto Kraye, M.D.

Consulting Neurologists

Charles S. Kubik, M.D.
G. Colket Caner, M.D.

Robert S. Schwab, M.D.

Madelaine R. Brown, M.D.
Edwin M. Cole, M.D.

Consulting Psychiatrists

Stanley Cobb, M.D.
Erich Lindemann, M.D.
Paul Howard, M.D.
Lucie J. Jessner, M.D.
Herbert Barry, Jr., M.D.

LeMoyne White, M.D.

R. Barry Bigelow, M.D.
Vernon P. Williams, M.D.
Alfred O. Ludwig, M.D.
Henry H. Brewster, M.D.
Volta R. Hall, M.D.

Consulting Pediatricians

Allan M. Butler, M.D.
John A. V. Davies, M.D.
Clement A. Smith, M.D.
Joseph Garland, M.D.
Ralph A. Ross, M.D.
Nathan B. Talbot, M.D.
Eli C. Romberg, M.D.
Richard C. Tefft, Jr., M.D.
Francis C. McDonald, M.D.

Eleanore C. Zaudy, M.D.

William J. Turtle, M.D.
Gertrud C. Reyersbach, M.D.
Leo B. Burgin, M.D.
Louis Weinstein, M.D.
Ralph W. Daffinee, M.D.
Arthur J. Linenthal, M.D.
Edward C. Dyer, M.D.
Louis I. Skirball, M.D.
William McL. Wallace, M.D.

Consulting Surgeons

Edward D. Churchill, M.D.
Leland S. McKittrick, M.D.
Ernest M. Daland, M.D.
Robert R. Linton, M.D.
Horatio Rogers, M.D.
Richard H. Sweet, M.D.
Oliver Cope, M.D.
Grantley W. Taylor, M.D.
E. Parker Hayden, M.D.
Henry H. Faxon, M.D.
Marshall K. Bartlett, M.D.

Ira T. Nathanson, M.D.
Claude E. Welch, M.D.
Bradford Cannon, M.D.
Lamar Soutter, M.D.
Gordon A. Donaldson, M.D.
Ward I. Gregg, M.D.
Edward Hamlin, Jr., M.D.
Fred A. Simmons, Jr., M.D.
Somers H. Sturgis, M.D.
Richard Warren, M.D.
Howard Ulfelder, M.D.

Consulting Neurosurgeons

James C. White, M.D.

William H. Sweet, M.D.

Consulting Orthopedists

Joseph S. Barr, M.D.
Armin Klein, M.D.
William A. Rogers, M.D.
Edwin F. Cave, M.D.

Paul L. Norton, M.D.
Otto E. Aufranc, M.D.
Robert J. Joplin, M.D.
John A. Reidy, M.D.

Consulting Urologists

Fletcher H. Colby, M.D.
Richard Chute, M.D.
Sylvester B. Kelley, M.D.

Lorande M. Woodruff, M.D.

Wyland F. Leadbetter, Jr., M.D.
Howard I. Suby, M.D.
Walter S. Kerr, M.D.

Out-Patient Department

Administrative Assistant — Margaret Meenan, R.N.

EYE CLINIC

Glaucoma Section
Orthoptic Section
Perimetry Room
Refraction Room
Tension Room

EAR, NOSE AND THROAT CLINIC

Hearing Test Room
Consultation: Tumor Clinic
Allergy Clinic
Plastic Clinic

Winthrop Foundation and Clinic for the Deaf

CLINICAL RESEARCH

Surgeon in Charge
Philip E. Meltzer, M.D.

Associate Surgeon
Donald K. Lewis, M.D.

REHABILITATION

Assistant Surgeon
Bernard Zonderman, M.D.

Executive Committee

D. Harold Walker, M.D., *Chairman*

LeRoy A. Schall, M.D.
Harold G. Tobey, M.D.

Moses H. Lurie, M.D.
Philip E. Meltzer, M.D.

Howe Laboratory of Ophthalmology

Director

David G. Cogan, M.D.

Staff

W. Morton Grant, M.D.
David D. Donaldson, M.D.
Bernard Zeavin, M.D.

The Boston Eye Bank — Serving New England

Executive Committee

Edwin B. Dunphy, M.D.
Henry Hixon Meyer
Mrs. Lyon Weyburn
William S. Ballard
Brendan D. Leahey, M.D.

General Director: Garrett L. Sullivan, M.D.

Executive Secretary: Miss Olive M. Crowley

Report of the Board of Managers

THERE was a time in the dim past when the operation of hospitals did not involve problems of great consequence beyond the care of patients and maintenance of the plant. Costs were modest, manpower was readily available in all categories and funds could be obtained with relative ease to defray deficits and pay for capital improvements. But they were lazy years when everyone was content that advances towards improved facilities and techniques should proceed in a modest and dignified manner.

The revolution ushered in by the second world war and still continuing, has revitalized all hospital efforts. The Infirmary is no exception. Complacency is on the wane at every level and progress, great progress, is now being made which will benefit everyone. As never before the hospitals deserve the assistance and support of the public. Every effort should be made to spread the hospital story across the land by word of mouth, by radio and television and by every other available means. The public cannot fail to respond if the lighted candle is taken out from under the bushel basket. The news is too exciting.

THE NEW INFIRMARY

Last fall the rehabilitation of the fifty-year-old hospital building was completed. Fortunately it was not affected substantially by the increased costs and material scarcities attendant upon the present emergency. No one familiar with the interior of the old main building would recognize the new. It is today modern and properly equipped for the efficient care of patients. The eight air-conditioned operating rooms, four for each service, conform to the highest standards; the additional private rooms erected on top of the building are quiet, attractive, comfortable and provided with individual toilet facilities; the semi-private rooms and children's wards on the fourth floor are new throughout; and the public wards and service facilities have been remodelled and equipped with new fixtures. All physicians and prospective patients should realize that the Infirmary of today bears no relation to the Infirmary of 1949.

Costs continue high and will no doubt become still higher, but larger revenue from the increased number of private rooms and the lower cost of maintaining a modern hospital should hold the hospital deficit down to a reasonable figure. For 1950, according to the cost formula established for the reimbursement of hospitals by the Federal Government for the care of patients for which it is responsible, the average cost for each day spent by a patient in the Infirmary was \$20.32 and the average cost to the Infirmary for each out-patient visit was \$4.02.

Research and teaching are properly as much a part of the operation of the Infirmary as the actual care and treatment of patients. As a result of such work conducted at the Infirmary, the staff is now able to preserve and restore eyesight and hearing in cases which would have been hopeless a few short years ago. In the field of research, a close liaison is maintained between the Infirmary and other like institutions in order that all may benefit by the efforts of each. Within reasonable limits research and teaching at the Infirmary will be continued and expanded. As this report is presented an arrangement has just been consummated with the Retina Foundation under which the Infirmary will undertake a most important project. During 1951 the Managers expect to develop plans for a new building to house the laboratories, library, residents' quarters and isolation wards.

With great personal sense of loss the Managers report the death on January 29, 1951 of Mr. Henry W. Porter, one of the Managers since 1945 and member of the Executive Committee. He had rendered to the Infirmary invaluable assistance, devoting a large part of his time to its work. The memory of his efforts will long be an inspiration to the Managers and staff. Mr. Robert H. Hopkins, a member of the corporation, was elected to succeed Mr. Porter on the Board of Managers and Rev. Robert G. Metters, a manager, was elected to succeed Mr. Porter on the Executive Committee.

HENRY HIXON MEYER
President

Treasurer's Report

THE year 1950 saw the first major additions made to the physical plant of the Infirmary in many years. The construction of the new fifth floor, the installation and equipment of the new operating rooms, together with other important renovations, brought to completion most of the changes contemplated in the Building Program.

Capital expenditures under this program are reflected in the accompanying balance sheet by an increase in Plant since January 1949 of over \$810,000. In spite of the generous donations of our many friends and the assistance received from the U.S. Government, we were obliged to draw on unrestricted capital during the year to the amount of \$263,000. This amount we are now seeking to restore to our capital funds.

As noted elsewhere in this report, the reduced occupancy and other abnormal expenses incident to our new construction are responsible for a

substantial part of the over-all deficit of \$32,000 which caused a further drain on capital funds.

The Infirmary enters the year 1951 facing a further heavy increase in operating expenses arising mainly from conditions beyond our control. Every effort is being made to balance income and expenditure without curtailment of services essential to the community which we serve.

There is submitted herewith a condensed statement of the assets and liabilities of the Infirmary as of December 31, 1950, together with a summary of the income and expenses for the year 1950, as prepared by our auditors, Messrs. Patterson, Teele & Dennis. There is also shown an analysis of the investments in securities as of December 31, 1950 as prepared by the undersigned.

HORACE W. FROST
Treasurer

SUMMARY OF INVESTMENTS*

AS OF DECEMBER 31, 1950

	<i>Book Value</i>	<i>Market Value</i>	<i>% Market Value</i>
BONDS:			
U.S. Government	\$398,101	\$390,510	15.0%
Canadian	19,172	20,800	.8%
Railroad	293,294	286,925	11.1%
Public Utility	72,111	70,390	2.7%
Industrial	65,127	67,870	2.6%
TOTAL BONDS	\$847,805	\$836,495	32.2%
PREFERRED STOCKS:	142,403	146,950	5.6%
COMMON STOCKS:			
Railroad	122,577	173,400	6.7%
Public Utility	243,029	272,135	10.5%
Industrial	424,293	735,324	28.2%
Bank, Insurance and Miscellaneous	268,823	344,364	13.2%
TOTAL COMMON STOCKS	\$1,058,722	\$1,525,223	58.6%
WINTHROP FUND	86,417	85,600	3.3%
WEBER FUND	9,100	8,736	.3%
TOTAL SECURITIES	\$2,144,447	\$2,603,004	100.0%

* Not including Building Fund.

O N E H U N D R E D A N D T W E N T Y - F I F T H A N N U A L R E P O R T

I N C O M E A C C O U N T

F O R T H E P E R I O D E N D E D D E C E M B E R 3 1 , 1 9 5 0 (5 2 W E E K S)

HOSPITAL INCOME AS PER DIRECTOR'S REPORT		\$842,493.55
Less: Hospital operating expenses as per Director's report	\$1,033,610.42	
Hospital operating expenses charged directly against Permanent Funds	35,182.66	
	<u>\$1,068,793.08</u>	
Deduct: Hospital operating expenses charged directly against Permanent Funds:		
Permanent Funds — Income	\$ 9,944.96	
Permanent Funds — Principal	25,237.70	
	<u>35,182.66</u>	
NET HOSPITAL EXPENSES		<u>\$1,033,610.42</u>
EXCESS OF HOSPITAL EXPENSES OVER INCOME		191,116.87
Income from investment securities, less income applicable to Restricted Funds not expended	\$ 115,620.74	
Receipts from United Community Services, Committee of the Permanent Charity Fund, Inc., Estates of Elisha V. Ashton, G. Gorham Peters and Albert N. Blodgett (excluding contributions for special purposes)	50,000.00	
	<u>\$ 165,620.74</u>	
Less: Treasurer's disbursements	6,661.06	158,959.68
EXCESS OF EXPENDITURES OVER INCOME ON INCOME ACCOUNT		<u>\$ 32,157.19</u>

O P E R A T I N G A N A L Y S I S

	1950	1949
Income from Patients	\$ 961,324.52	\$915,431.00
Income from Other Sources	39,855.81	37,532.64
TOTAL GROSS HOSPITAL INCOME	<u>\$1,001,180.33</u>	<u>\$952,963.64</u>
Allowances to Patients for "free care"	110,942.89	\$129,729.67
Further deductions for bad debts	16,601.36	21,330.00
Allowances to Blue Cross and other agencies	31,142.53	15,750.29
TOTAL FREE SERVICE	<u>\$ 158,686.78</u>	<u>\$166,810.92</u>
NET INCOME	<u>\$ 842,493.55</u>	<u>\$786,152.72</u>
Salaries and Wages	\$ 562,901.16	\$534,141.33
Supplies and Expenses	276,439.58	257,992.35
Out-Patient Department Expenses	192,236.36	179,744.39
TOTAL OPERATING EXPENSES	<u>\$1,031,577.10</u>	<u>\$971,878.07</u>
Hospital Operating Deficit	\$ 189,083.55	\$185,725.35
Extraordinary Expenses	2,033.32	7,556.50
TOTAL HOSPITAL DEFICIT	<u>\$ 191,116.87</u>	<u>\$193,281.85</u>

Balance Sheet

DECEMBER 31, 1950

ASSETS:

Land and buildings acquired prior to January 1, 1949 (book value) -----	\$ 491,741.99	
Additional facilities acquired since January 1, 1949 (cost) -----	810,738.85	\$1,302,480.84
		<hr/>
Investments, book value:		
Securities -----	\$2,144,477.44	
Interest in parcel of real estate -----	1.00	\$2,144,478.44
		<hr/>
Cash on hand:		
Capital:		
Building Fund -----	\$ 7,433.52	
Other Funds -----	213,002.01	\$ 220,435.53
		<hr/>
Income — Restricted -----	14,824.37	235,259.90
Accounts Receivable:		
Patients (less reserve) -----	40,038.98	
Miscellaneous -----	6,276.97	46,315.95
		<hr/>
Inventory of supplies, etc. -----		13,958.53
		<hr/>
TOTAL ASSETS: -----		\$3,742,493.66

FUNDS AND LIABILITIES:

Advances from patients -----		\$ 553.40
Accounts payable and accruals:		
Plant — additional facilities -----	\$ 92,930.62	
Other -----	33,877.52	126,808.14
		<hr/>
General Fund -----		2,114,106.44
Permanent Funds — Income Restricted -----		462,577.19
Building Fund — Income Restricted -----		7,433.52
Permanent Funds — Income Unrestricted -----		916,685.54
Special Purpose Funds -----		99,505.06
Unexpended Restricted Income of Permanent Funds -----		14,824.37
		<hr/>
TOTAL FUNDS AND LIABILITIES -----		\$3,742,493.66

*Gifts and Bequests for 1950**

THE Massachusetts Eye and Ear Infirmary is grateful for all gifts, large and small. We appreciate the thoughtful friends who send glasses no longer used . . . the many contributors, from the patient who leaves a few dollars for the Free Bed Fund . . . to the loyal supporters who give generously year after year.

Because of space limitations, only financial gifts of \$50 and over, given during the year 1950, will be listed in this Annual Report.

AMERICAN CANCER SOCIETY, Massachusetts Division	
Esophageal Voice Class	\$3,600.00
Ginger Ale Fund	100.00
Social Service	850.00

Total	\$ 4,550.00
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AMERICAN OPTICAL RESEARCH FUND

V. B. Allen	5,000.00
Redfield Proctor	5,000.00
Stop and Shop, Inc.	50.00
American Optical Company	2,649.17

Total	\$12,699.17
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ESTATE OF ELISHA V. ASHTON	2,400.00
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ESTATE OF ALBERT N. BLODGETT	400.00
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BOSTON EYE BANK

Mrs. Nelson J. Darling, Jr.	\$ 100.00
Lions Club of Concord, Mass.	100.00
Junior League of Boston, Inc.	1,500.00
Lions Club of Exeter, N.H.	50.00
Rosanna D. Thorndike	50.00
Mass. Council of Organization for Blind	75.00
Mass. Assoc. for Promoting Interest of Adult Blind	100.00
Lions Club of Portsmouth, N.H.	50.00
New Hampshire Assoc. for the Blind..	500.00
Mary Harriman	50.00

Total	\$ 2,575.00
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CAFETERIA FURNISHING FUND

Mr. and Mrs. Henry Hixon Meyer	\$ 1,820.36
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CHRISTMAS FUND

Lotta Crabtree Estate	\$ 100.00
Ladies Visiting Committee	100.00

Total	\$ 200.00
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CURED CANCER CLUB	\$ 1,500.00
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DEAN FOUNDATION FOR DESTITUTE CHILDREN	1,500.00
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DR. GOODALE'S PATIENT FUND

Charlotte Pierce	\$ 100.00
Maud E. Appleton	50.00

Total	\$ 150.00
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*Not including Building Fund

HOWE LABORATORY FUND

Helen H. Meyer	\$ 500.00
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MOSHER LABORATORY FUND

Francis William Keeler	2,000.00
Richard Engstrom	1,000.00
Hyams Trust	2,500.00

Total	\$ 5,500.00
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OCCUPATIONAL THERAPY

Brandagee Charitable Foundation	\$ 200.00
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PATIENT'S FUND

Mass. Charitable Fire Society	\$ 50.00
Doris T. Black	100.00
Philip Mysel	100.00

Total	\$ 250.00
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PERMANENT CHARITY FUND

Social Service	\$ 750.00
General Fund	5,000.00
Weeks Fund	1,000.00

Total	\$ 6,750.00
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ESTATE OF G. GORHAM PETERS	\$ 2,800.00
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PREMATURE BABY FUND

Wilbur J. Cook	\$ 50.00
Merrill Loring	100.00
C. N. Hilliard	50.00
Alice C. Merrill	200.00
Mrs. John B. Warner	100.00
Elliott W. Whalen	50.00
Estate of K. A. Merrill	300.00
Stanford Wessler, M.D.	200.00

Total	\$ 1,050.00
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RETINA FUND

J. Otis Sibley	\$ 100.00
Samuel Tomasello	50.00

Total	\$ 150.00
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DR. FRANCIS WEILLE'S FUND

Amelia Peabody	\$ 6,512.49
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WINTHROP FOUNDATION

Lucy Tellies	100.00
Lily Sheldon	75.00

Total	\$ 175.00
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Ladies Visiting Committee

<i>Chairman</i>	Mrs. Francis T. Hunter
<i>Vice-Chairman</i>	Mrs. Sullivan A. Sargent
<i>Secretary</i>	.	.	.	.	.	.	.	.	Mrs. Franklin A. Reece
<i>Treasurer</i>	.	.	.	.	.	.	.	.	Mrs. Henry E. W. Cunningham

DURING the year the Ladies Visiting Committee has continued to carry on varying activities. For the fall Open House, individual members gave plants and flowers for decoration throughout the Infirmary. During the reception for donors, the Committee served tea in the Cafeteria.

The day the new private floor was ready for occupancy, each of the first twelve patients received a rose on his breakfast tray from the Committee. Two plants were later purchased for the new fourth and fifth floor rotundas. The committee has also continued to provide flowers regularly for the Information Desk in the entrance rotunda.

The annual Rummage Sale was held in April at Horticultural Hall and the proceeds — \$1358 — although not as large as usual, were sufficient to re-cover the furniture in the attendants' sitting room and to provide plastic draperies in all the bedrooms at the Nurses' Residence.

As the cost of enlarging the sitting room in the House Officers' flat was greater than estimated, an additional sum of \$300 was voted for the purchase of furniture. The House Officers have expressed themselves as very pleased by their new improved quarters.

RECENT PROJECTS

The Committee also gave \$700 to sound-proof the ceiling of the Cafeteria which has eliminated much of the disturbing noise. Mrs. McCarthy and Mrs. Winslow are now making plans to renovate the Hooper Room in the Out-Patient Department. They were fortunate in finding chairs and a sofa at the Morgan Memorial that are in keeping with the present furnishings of the room and they are planning to put up attractive curtains.

For the Eye Clinic, the Committee supplied two small tables, six chairs and some toys to furnish a playroom for small children waiting to be called to see the doctor. Also when the children were moved back into the new fourth floor Nursery with its new playroom, we gave \$100 for a new supply of toys since no toys had been purchased for the past two years.

As last year, a number of the members have given their time to preparing the material for eye pads. This work, done at the Nurses' Residence, takes about 30 hours with a dozen or more of the Committee working two and a half hours each. But the resulting eye pads last the Infirmary for a whole year, give the medical staff the special eye pads they have found superior to any that can be purchased and also save the hospital money.

Just before her resignation became effective, Miss Robertson was asked to come to the December meeting when the members expressed their appreciation of her long service by presenting her with a purse and a check for \$150. Also during this year the Committee has accepted with regret the resignation from membership of Mrs. John Cutter. The following new members have been elected: Mrs. Paul Rasmussen, Mrs. Henri Prunaret, Mrs. Dwight Siscoe and Mrs. Andrew Winslow, Jr.

In order to raise more money, the Committee at the end of the year was well along with plans to inaugurate a gift cart to circulate about the Infirmary selling such things as candy, stationery, toilet articles — things that would appeal to both the patients and the hospital personnel. Such a cart has been successfully operated at other hospitals and when the details have been worked out, the Committee hopes the cart will be a useful and profitable project for the Infirmary.

MARGARET W. HUNTER,
Chairman, Ladies Visiting Committee

LADIES VISITING COMMITTEE 1950

Mrs. Arlie V. Bock	Mrs. Varaztad H. Kazanjian	Mrs. Henry R. Scott
Mrs. John Bryant	Mrs. Frederick J. Leviser	Mrs. Dwight Siscoe
Mrs. Harry P. Cahill	Mrs. Henry Loomis	Mrs. Reginald H. Smith
Mrs. Moses F. Carr	Mrs. Andrew Mason	Mrs. Reginald H. Smithwick
Mrs. Nathaniel D. Clapp	Mrs. William W. McCarthy	Mrs. William B. Snow
Mrs. Richard C. Curtis	Mrs. Henry D. Minot	Mrs. Leslie Soule
Mrs. Livingston Davis	Mrs. Henry W. Minot	Mrs. Channing Swan
Mrs. Weld Douglass	Mrs. Noel Morss	Mrs. Thomas C. Thacher, Jr.
Mrs. Edwin B. Dunphy	Mrs. Harris P. Mosher	Mrs. John E. Thayer
Mrs. Henry Erhard	Mrs. Alfred Peabody	Mrs. Benjamin A. G. Thorndike
Mrs. John W. Farley	Mrs. Harold Peabody	Mrs. Robert Truesdale
Mrs. Henry H. Fay	Mrs. Henri Prunaret	Mrs. F. H. Verhoeff
Mrs. Reginald Foster	Mrs. Paul C. Rasmussen	Mrs. Ralph Waterman
Mrs. Trygve Gundersen	Mrs. John R. Richardson	Mrs. Lyon Weyburn
Mrs. George F. Hall	Mrs. Arthur L. Richmond	Mrs. Roy R. Wheeler
Mrs. Samuel S. Hall, Jr.	Mrs. Edward J. R. Ropes	Mrs. Gordon K. White
Mrs. Harold L. Higgins	Mrs. Ernest Sargeant	Mrs. Andrew Winslow, Jr.
Mrs. Edmund J. B. Huntoon	Mrs. LeRoy A. Schall	Mrs. John I. Wylde

Honorary Member
Miss Sally Fairchild

Report of the Director

1950 WAS a year when the personnel of the Infirmary were particularly busy not only with their regular duties but also with the planning and carrying out of the various moves necessary to re-occupy the new and remodeled parts of the hospital.

Department heads took an active part in the choice of over 500 different items of equipment which were purchased in connection with the Building Program. As this necessitated visiting other hospitals, in order to make sure we were buying the best and most practical equipment, it was a time consuming yet satisfying and informative task.

On the whole, the construction program and the moving were carried out with a minimum of inconvenience to our patients who appeared to take a lively interest in the progress of the work.

As this report is written, we have been operating the new units for a period of several months and are gratified to find that our patients, staff and personnel are pleased with the results.

The construction was completed approximately on schedule. With a deadline set for July 1, the first patients moved into the semi-private floor on June 30, and the first operation in the new operating rooms was on July 4. This operation, it is interesting to note, was an emergency radical mastoidectomy performed by Doctors Mysel, Roopenian and Shea.

The fifth floor, although finished August 1, was not opened until the middle of September because of the difficulty in obtaining nurses during the vacation season. In appreciation of the cooperation of the Massachusetts General Hospital in making

room for our private, semi-private and pediatric patients during the construction program, the Board of Managers passed the following vote:

"To extend to the Board of Trustees of the Massachusetts General Hospital the deep appreciation of the Board of Managers of the Massachusetts Eye and Ear Infirmary for their assistance during the Building Program in providing operating and bed space in Baker, Burnham and Out-Patient buildings and in facilitating our patients' use of such accommodations through the day by day cooperation of the Massachusetts General Hospital personnel."

LESS DEFICIT THAN ANTICIPATED

The Infirmary ended the year with the large deficit of \$32,000. However, when it is realized that the occupancy of the hospital was substantially reduced in order to carry on the construction, this deficit is actually smaller than anticipated. The number of patient days in 1950 was 38,000 compared to 49,000 in 1948, the most recent normal year. This reduction of 11,000 patient days not only reduced income from routine services but also was reflected in lower income from ancillary services, such as the operating room, laboratory and x-ray fees.

In the fall, changes were made in the Social Security Law which permitted charitable institutions to participate in Social Security if two-thirds of their employees voted in favor of these benefits. The Infirmary had favored this legislation for several years and was pleased when well over 80% of the employees voted for Social Security coverage.

During the latter part of the year, there were wage increases in all departments in order to conform to the Massachusetts Minimum Fair Wage Law of 65¢ an hour and to bring wages in line with the mounting cost of living. The total cost to the hospital of these wage increases and of Social Security benefits — which will be continuing costs — will be approximately \$50,000 a year.

Anticipating this added burden on income, the ward rates were increased in August from \$11 to \$12 a day for routine services. The price of glasses was also increased 50¢ for simple lenses and \$1.00 for more complex lenses. These new rates for glasses still compare favorably with the rates charged outside the hospital.

As the heating contract with the Boston Edison Company expired during the year, a new contract had to be negotiated. The less favorable terms of the new contract will increase our heating bills approximately 35%. Through the courtesy of the Edison Company, a survey was made of our heating system and recommendations made for the installation of heat-saving devices which should somewhat alleviate the burden of this extra cost while at the same time giving the hospital more equable heat.

STAFF AND PERSONNEL

In order to conform to titles of similar rank at the Massachusetts General Hospital, the titles of Senior Clinical Assistant and Clinical Assistant were changed to Assistant in Otolaryngology and Assistant in Ophthalmology. This change makes it possible for members of our Staff at this rank to have patient privileges in Baker Memorial and Phillips House.

This year for the first time the appointments of Chiefs of Service and Surgeons in the Infirmary were made for life or until the attainment of the retirement age. This is in conformity with similar life tenure at the Harvard Medical School and the Massachusetts General Hospital.

There were few administrative personnel changes during the year. Miss Patricia Howe, Head of the Occupational Therapy Department, left after two years of service to be married. Miss Louise Hogan is the new director of OT.

Miss Annie M. Robertson, Assistant to the Director since 1927, retired after many years of devoted service to the Infirmary. She leaves us with a notable record and will be missed by all her friends in the hospital family. In appreciation of her loyalty, the Board of Managers gave her the following Award of Merit:

"Massachusetts Eye and Ear Infirmary

confers upon

Annie Munro Robertson

its

Order of Merit

in recognition of Loyal and Distinguished Service to the Hospital and its Patients above and beyond the Requirements of Duty

Assistant to the Director

1927 — 1950"

Mrs. Geneva L. Wayland was appointed Assistant to the Director and came on duty December 18. A Massachusetts General Hospital graduate from New Haven, Connecticut, Mrs. Wayland has had wide experience in nursing and hospital management. After her marriage she held executive positions in Connecticut health agencies, in the Massachusetts General Hospital Nursing Department, and, from 1941 to 1945, was Superintendent at the Johnson Memorial Hospital in Stafford Springs, Connecticut.

10 YEAR REPORT FOR HARVARD

At the suggestion of President Conant of Harvard University, the Infirmary together with the other teaching hospitals connected with the Harvard Medical School, prepared a report outlining plans for teaching and research for the next 10 years. In this report, the Infirmary stated the need for larger physical facilities for the expansion of research and post-graduate teaching and outlined the plans under consideration for the construction on the present hospital property of a five story laboratory building with an available area of approximately 20,000 square feet. This building would replace the present Gardner Building which was constructed in 1899 and does not lend itself to renovation.

The proposed laboratory building, which is so necessary for the expansion of research and teaching facilities, will house the Howe Laboratory of Ophthalmology, the Bacteriology Laboratory, the Eye Pathology Laboratory, Mosher Laboratory of Otolaryngology, a lecture room and laboratory for post-graduate teaching, the Howe Library and Otolaryngological Library, an Isolation Ward of 16 beds, and rooms for the Resident Staff on call. It is felt that these additional facilities should take care of future needs for teaching and research. At the same time it will release space occupied at present by the laboratories, for administrative offices. The cost of the construction is estimated at \$800,000 at present prices, and this amount will have to be raised by a capital funds campaign.

To emphasize the need for research facilities, we would like to point out that no room in the hospital was available for the research carried on by Dr. Schepens in the study of separated retina and therefore funds available to the hospital for this important work were turned over to the new Retina Foundation. The Foundation has provided a laboratory building outside but near the hospital.

The Infirmary is also in need of an auditorium in which medical meetings and post-graduate teaching can be conducted. It is the hope of the Administration that such an amphitheatre, with a seating capacity of one hundred and fifty, can be included in the planning of the new laboratory building.

OUT-PATIENT PROCEDURES

Several changes were made in the procedures of the Out-Patient Department during the year, all aimed at expediting the time taken to care for patients in this important department which handles 70,000 patient visits a year. Details of these improvements can be found in the excellent report on the Out-Patient Department by Miss Meenan.

There were fewer clinical visits in the OPD as a whole in 1950 than in 1949, with the Eye Clinic showing the smallest reduction of only 1½% and the Ear, Nose and Throat Clinic 9%. Although expenses were higher in 1950 than ever before, it was decided that no increase should be made in the clinic fee of \$2.25, which has been in effect since January 1949. About 25% of the patients coming to our clinics continue to receive free care.

DISASTER PLANNING

During the fall and winter, the Massachusetts General Hospital and the Infirmary have been making plans for the evacuation and care of patients and personnel in case of an atomic attack. These arrangements are being worked out in cooperation with the Civil Defense Committee and cover seven different situations which might develop. Some of these possibilities are:

- Plans for Civilian Disaster other than bombing
- Evacuation of patients proceeding attack
- Protection of patients in case of a very short warning
- Continued operation in a partly damaged hospital

The detailed planning and training necessary to put these programs into operation is tremendous and it is expected that revisions will be required as the State and City organizational plans become crystallized over a period of time. Such work will become more important for all hospitals in the coming year.

FRANCIS S. HILL,
Director

Department of Ophthalmology

DURING the year 1950 the Building Program was completed and the inconveniences suffered now seem very small compared to the great benefits obtained. The modern operative suites and new private floor make working at the Infirmary a real pleasure.

In those departments associated chiefly with the out-patients, activity remained essentially the same as in the preceding year. The Eye Clinic had 35,695 patient visits, exclusive of refractions. The Perimetry Room, under Dr. Sullivan's supervision, performed 1,355 field examinations.

In the Refraction Department, 9,170 patients were refracted. Residents refracted 55% of these cases, while the remainder were taken care of by paid refractionists. Dr. Sloane continues to give his lectures to all the residents once weekly.

The Orthoptic Department examined 4,882 children during the year. Miss Stromberg now has a part-time assistant, Miss Carol Densmore, who helps in the examination of patients and teaching of the orthoptic students.

Among those departments more closely associated with house patients, the Retina Service continues to grow, 417 patients being examined during the year. Dr. Endre Balazs of Sweden, has come to work with Dr. Schepens on some research problems pertaining to the vitreous and retina.

The Boston Eye Bank received 90 eyes and 7 more hospitals became affiliated with the program. (See Special Report.)

The Eye Pathology Laboratory examined 593 tissue specimens, of which 309 were sent from outside hospitals for diagnosis. Dr. Heath is con-

tinuing his policy of training certain young ophthalmologists to become ophthalmic pathologists. In addition to these special students, the regular residents spend three months of their training period in the pathology laboratory. The laboratory has also been in charge of fundus photography and several hundred photographs have been made.

NEW PROGRAM FOR RESIDENTS

Each resident now has a full 27 months' service in the house. During the last three months he is known as the Chief Resident and his duties during this period are confined to two main lines of endeavor. In the mornings he assists the Chief Surgeons with their surgery on private patients. It is thought that he will learn a lot from this source of teaching material, hitherto denied him. In the afternoons, he is assigned to the Retina Service where he participates in the work-up of patients with retinal detachment.

Everyone regrets the departure of Dr. Everett Kinsey and Dr. Elek Ludvigh, who accepted appointments at the Kresge Eye Institute in Detroit. These two members of the Howe Laboratory Staff had endeared themselves to all of us during the past ten years and their scientific contributions had brought renown to the hospital. The research program in Retrolental Fibroplasia has been taken over by Dr. Merrill King.

Dr. William Stone is working on the use of plastics for corneas and other parts of the eye. There are other pieces of research which might be done if only space were available. This is the crying need of the Infirmary at the present time.

EDWIN B. DUNPHY, M.D.,
Chief of Ophthalmology

Department of Oto-Laryngology

THE highlight of the past year was the completion of the new expanded facilities, making the Infirmary the pride of the entire Staff. The remodeled fourth floor and the new fifth floor are all that could be desired in hospital construction and appointments, and greatly aid the Staff by concentrating their patients under one roof. The new operating rooms are models in design, and their efficiency has already been demonstrated.

Dr. John Tucci, for the past four years Assistant Anesthetist at the Infirmary, resigned to accept a position as Chief of Anesthesia at the Brockton Hospital. The Infirmary was fortunate in securing the Services of Dr. John Bunker to succeed Dr. Tucci and under Dr. Bunker the department has operated smoothly and efficiently.

RESIDENT TRAINING

We are constantly working to improve our training to Residents. To this end we have been fortunate in securing Dr. Ira Hirsch of the Psychoacoustical Laboratory to deliver a series of lectures on audiology, and Dr. Philip Mysel of the Consulting Staff, to supervise and coordinate the teaching of Residents both at the hospital and at the Harvard Medical School. Dr. Mysel's systematized and practical instruction has been of great benefit in our educational scheme.

With the expansion of the military services and the demand for doctors for these services, we must anticipate a shortage of applicants for resident training in oto-laryngology. Under no circumstances, however, should we yield to pressure as experienced in the last war, to shorten our period of training. To maintain our standards, and in anticipation of the drafting of young physically fit physicians, we are accepting for resident training well recommended young men from other countries. Under this policy, we have already accepted representatives from Uruguay, Italy, Mexico, and have under consideration an applicant from Iraq.

CLINICAL APPOINTMENTS

The year 1950 saw a change in the appointment system of the Visiting Staff. Taking a lead from the experience of the Department of Ophthalmology, assignment to the Out-Patient Clinic has been changed from a four month daily service to one specific day each week. This new assignment schedule permits the staff physician to plan his work better, since he now knows that on a certain day of each week he will attend the out-patient clinic of the Infirmary. To secure operative experience, he is likewise assigned one day a week to the operating room, this assignment being offered as a privilege rather than being obligatory. Continuous faithful service will serve as an index for advancement and will be considered in promotions and re-appointments.

LABORATORIES AND RESEARCH

The Bacteriological Laboratory and the Mosher Laboratory, working laboratories for the hospital, have operated smoothly and efficiently. Under the supervision of Dr. Werner Mueller, the Mosher Laboratory has turned out an enormous amount of work. All tissue pathology as well as class histology slides are expertly prepared by Miss Dorothy Linden, and the diagnostic scope of the laboratory has now broadened to the point where consultation service with the Mallory Laboratory is not so often requested. The expanded facilities of the hospital have placed increased work on Miss Barbara Quigley, the other competent laboratory technician and so, to insure complete coverage, a third technician, Mrs. Miriam Webb, has been added to the lab staff.

As in previous reports, the excellent bacteriological work of Miss Anita Mangiaracine should receive special attention. Never before in the history of medicine have exact bacteriological studies been so important as they are today. The Infirmary is

fortunate in having a bacteriologist whose work is recognized as par excellence.

During the past year research, carried on through the aid of funds given especially for such purposes, has been conducted on the adenoid operation, ozema, cytologic diagnosis of tumors, the embryonic organ of hearing following Rubella, congenital laryngeal stridor, and the toxic effects of streptomycin on the organ of hearing. Dr. Moses H. Lurie and Dr. George Kelemen continued their research and specialized studies on otolaryngological problems.

SPECIAL SERVICES

Begun in 1940 as an inquiry into the problems of

deafness, the Winthrop Foundation has grown into a model of its kind. Under the direction of Dr. Phillip E. Meltzer with the able assistance of Dr. D. K. Lewis, this service to the deaf is in keeping with the tradition of the Infirmary.

As in previous reports, praise is due Mrs. Mary Doehler for her work in teaching esophageal voice to laryngectomized patients. Her patience, understanding and contagious smile, as well as her ability to teach the new voice techniques, do much to make her classroom a real service to humanity. Over 100 patients from all over the country received voice training during the past year.

LEROY A. SCHALL, M.D.,
Chief of Oto-Laryngology

Year's Calendar of Events

- | | | |
|-----------|-------|---|
| January | — | The Director reported that the Infirmary's deficit for last year would have been \$10,000 less if cities and towns had paid hospital cost for public assistance cases. |
| February | 8 | — At the Annual Meeting of the Corporation and Managers, it was voted to give tenure for staff doctors at the rank of surgeon and to chiefs of service until retirement age. |
| March | 28 | — OPD was authorized by Old Age Assistance and Aid to Dependent Children to bill their clients for ancillary charges. |
| April | 12 | — Ladies Visiting Committee Rummage Sale netted \$1358.
First check arrived from Federal Government for reconstruction costs. |
| May | 10 | — Ladies Visiting Committee voted to sound proof the cafeteria ceiling. |
| | 22-26 | — 149 doctors attended the meetings of the American Board of Ophthalmology. Practical exams for doctors desiring a certificate in ophthalmology were held at the Infirmary for the first time in over a decade. |
| June | 30 | — Fourth floor completed and received first patients. |
| July | 4 | — First surgery in new operating room suites; emergency radical mastoidectomy performed by Drs. Mysel, Roopenian and Shea. |
| August | 21 | — New appointment system for Oto-Laryngological Staff. Each visiting doctor to serve one day a week in clinic. |
| September | 18 | — Private floor opened and the first six patients moved in. |
| October | 19 | — Open House when doctors, social agencies, donors and interested friends viewed new facilities and demonstrations of services. Reception and tea for donors to Building Fund. |
| November | 19 | — Evacuation rehearsal in conjunction with MGH as part of Civil Defense Program. |
| December | 13 | — Social Security accepted by hospital employees and voted by Board of Managers. |
| | 30 | — Miss Robertson, Assistant to the Director, voted "Award of Merit" on her retirement after 27 years of service to Infirmary. |

X-Ray Department

THE X-Ray Department has completed another satisfactory year. The routine work has continued and the Department personnel have cooperated with the other services to render prompt and efficient aid. To the personnel I express my gratitude for the interest and enthusiasm they have added to their part of the work.

The teaching, as always, remains one of the most rewarding aspects of the Department's work,

and brings continuous stimulation to the study of the problems presented by the patients at the Infirmary. Teaching has been extended by the Roentgenologist to Residents of other hospitals who do not receive instruction in the specialized type of case seen in this hospital. A course was given at the St. Louis meeting of the American Roentgen Ray Society in September, on the x-ray interpretations of sinuses and mastoids.

STATISTICAL REPORT

Thymus	487
Mastoids	1,047
Sinuses	1,809
Teeth	125
Foreign Body Eye	168
Chest	1,122
Esophagus	228
Skull	148
Jaws	88
Nose	150
Treatment	75
Lipiodol Injection	29
Petrous	63
Long Bones	17
Optic Canals	79
Abdomen	46
Lateral Neck	365
Spines	20
Temporo-mandibular joints	30
Naso-pharynx	243
Miscellaneous	93
<hr/>	
Number of Examinations	6,432
Number of Patients	5,634
<i>Bouginae:</i>	
Number of Treatments	255
Number of Patients	58
TOTAL TREATMENTS	6,687
TOTAL PATIENTS	5,692

A. S. MACMILLAN, M.D.
Roentgenologist

Comparative Statistics

HOSPITAL		
	1950	1949
Ward Patients—Eye cases	1,808	1,972
Ear, Nose and Throat cases	1,709	1,877
ADMITTED TO WARDS	3,517	3,849
Private Patients—Eye cases	1,199	1,184
Ear, Nose and Throat cases	988	1,112
PRIVATE PATIENTS	2,187	2,296
TOTAL PATIENTS ADMITTED	5,704	6,145
Operations, ward patients—Eye cases	1,549	1,954
Ear, Nose and Throat	1,703	1,858
Operations, private patients—Eye cases	891	745
Ear, Nose and Throat	1,157	996
TOTAL OPERATIONS	5,300	5,553

OUT-PATIENT DEPARTMENT		
Out-Patient—Eye Clinic—new patients	5,370	5,436
Ear, Nose and Throat Clinic—new patients	3,468	3,820
TOTAL OUT-PATIENT NEW PATIENTS	8,838	9,256
Out-Patient—Eye Clinic—revisits	38,625	40,039
Ear, Nose and Throat Clinic—revisits	21,038	23,110
TOTAL OUT-PATIENT REVISITS	59,663	63,149
Out-Patient—Eye Clinic visits	44,736	45,475
Ear, Nose and Throat Clinic visits	24,506	26,930
TOTAL OUT-PATIENT CLINICAL VISITS	69,242	72,405
Out-Patient Operations—Eye Cases	720	860
Ear, Nose and Throat cases	432	612
TOTAL OUT-PATIENT OPERATIONS	1,152	1,472
Emergency patients admitted to hospital	420	421
PATIENTS ADMITTED TO EMERGENCY WARD	4,904	5,176

Comparative Statistics

	1950	1949
Patient days care—Wards	26,252	30,843
Private	11,738	12,702
TOTAL PATIENT DAYS CARE	37,990	43,545
Average number of patients treated daily—Wards.....	71	84
Private	34	35
TOTAL AVERAGE NUMBER PATIENTS TREATED DAILY	105	119
Average number of days patients remained—Wards....	7	8
Private ..	5+	5+
Beds available and percent of occupancy—Wards.....	107 65% **	102 66%
Isolation	18 37%	18 43%
Private ..	65 74% **	35 78%
TOTAL BEDS AVAILABLE	155	155
Per capita cost per day—Wards, routine care	\$14.38	\$12.06
Wards, special services	3.92	3.51
TOTAL COST PER DAY PER WARD PATIENT	\$18.30	\$15.57
Per capita cost per day—Private, routine care	\$16.01	\$11.28
Private, special services	4.24	3.57
TOTAL COST PER DAY PER PRIVATE PATIENT	\$20.25	\$14.85
CONDITION OF WARD PATIENTS ON DISCHARGE:		
Died	9	12
Autopsies	56%	50%
Left against advice	9	10
Discharged	3,534	3,847
WARD PATIENTS' DAYS TREATMENT:		
Reckoned from discharge payments:		
Paying patients	11,732 45%	14,861 49%
Part paying patients	8,630 33%	9,928 33%
Free patients	5,537 22%	5,556 18%
Percentage of free care*—House	11.2%	11.8%
Out-Patient	19.2%	23.7%
TOTAL FREE CARE *	13.5%	15.4%

*Compiled on dollar value, not including Blue Cross.

**Figures apply only to the end of the year because of construction and remodeling.

Out-Patient Department

DURING 1950 the combined Out-Patient Department served fewer patients than in 1949, the Infirmary Clinics dropping off somewhat less than the Massachusetts General Hospital Clinics. The figures are as follows:

	<i>Combined O.P.D.</i>	<i>Infirmary Clinics</i>	<i>M.G.H. Clinics</i>
1949	206,826	72,405	134,421
1950	195,849	69,242	126,607
	<hr/>	<hr/>	<hr/>
	10,977—5%	3,163—4%	7,814—6%
	<i>Eye Clinic</i>	<i>Refraction</i>	<i>Total Eye</i>
1949	36,312	9,163	45,475
1950	35,695	9,014	44,736
	<hr/>	<hr/>	<hr/>
	617—1½%	122—1½%	739—1½%
			<i>E.N.T. Clinic</i>
			26,930
			24,506
			<hr/>
			2,424—9%

The 1½% drop in the Eye Clinic compared to the 9% decrease in the Ear, Nose and Throat Clinic can be attributed mainly to the fact that the present anti-biotic therapy in the treatment of ear, nose and throat conditions has cut down remarkably the number of visits necessary to achieve good results. The 6% drop in the combined census is again due to the use of anti-biotic therapy plus the increased cost of ancillary charges which in some instances has caused patients to postpone elective treatment and when it becomes necessary, to seek the help of the local doctor. The continued tightening up of our policy in regard to "free service" patients living outside our area has also been an important factor in the attendance drop.

ADMITTING POLICIES

It is very gratifying to report, on March 28, 1950, we were authorized by the Old Age Assistance and Aid to Dependent Children of Boston to bill their clients for ancillary charges, and on May 4, to bill them \$1.00 for each clinic visit. This is, of course, \$1.25 less than the established admitting charge but it is a definite step in the right direction as previously, we had been treating Old Age and Aid to Dependent Children recipients in the city of Boston free of charge.

We do not collect these charges in full as the present system requires us to bill the patient who turns the charges over to his welfare agent for payment, and it remains the responsibility of the

patient to get the payment to us. It is our sincere hope that in the foreseeable future, we may be able to bill the Boston Welfare Agencies directly and in turn receive direct payment of these charges.

On May 1, the admitting clerks, the typists who start the records of new patients, were moved from the corridor by the record room vault to the office in the admitting area formerly occupied by Central Files. This move has made possible better and quicker service to patients as they now can carry out all the necessary steps before their first clinic visit, right in the one admitting area.

Later this same month, a system of routine reduction of the admission fee was inaugurated. This means that the admitting fees of those patients who cannot meet full OPD admission charges are reduced by specified amounts on a semi-annual basis. The amount of reduction is determined by an admitting officer who indicates to the cashier by a code mark on the patient's card the amount a patient is to pay for each clinic visit.

Such reductions are effective for six months after which the patient's card must be reviewed and regraded. Patients who are able on their first visit to pay full fees are reviewed only once a year. This new system has helped immeasurably both the patients and the admitting personnel as patients no longer need to see an admitting officer each time a reduction is necessary.

PERSONNEL CHANGES

Several changes occurred in the administration of the combined Out-Patient Department during the year 1950. On January 1, Dr. Joseph S. Lichty

transferred to the Baker Memorial and was replaced by Miss Margaret Meenan. At this time Miss Martha Davidson was advanced from Chief Admitting Officer to Administrative Assistant and Miss Florence Giberti was appointed Chief Admitting Officer. However, in November Miss Davidson transferred to the Infirmary Admitting Office where she had worked in the past. At this time it seemed better organization to discontinue the position formerly held by Miss Davidson and to divide the work into nursing duties and administrative duties.

As the present nursing supervisor, Miss Marion Maxwell, was already carrying too heavy a burden of teaching as well as administration in nursing, it seemed advisable to appoint a full time Assistant Director of the Schools of Nursing for both the Infirmary and the Massachusetts General Hospital, with responsibility for graduate nurses in both sections. Mrs. Margaret Matthie, R.N., was appointed to this position while Miss Maxwell remained the teaching supervisor in the MGH clinics. Miss Davidson's administrative duties were given to Miss Giberti and Mrs. Adeline Morrill was appointed as an Admitting Officer. It is significant to note that Mrs. Morrill is the first lay person to be appointed as an Admitting Officer in the Out-Patient Department. She is especially well qualified for this position by background and experience and is doing a splendid job.

During the year, two of our clinic nurses resigned, Miss Eunice Grant to be married and Mrs. Wenhonah Griesmer to take advanced studies. Miss Oleta Allen who had been doing a good job as Staff Nurse in the Ear, Nose and Throat Clinic, was promoted to take Miss Grant's place as Head Nurse in the Eye Clinic and Miss Margaret Manning, a recent MGH graduate, replaced Miss Allen as Staff Nurse in the E.N.T. Clinic. Miss Marjorie Halstead, a graduate of the Children's Hospital, became Staff Nurse in the Eye Clinic.

RENOVATIONS

During September, the Ear, Nose and Throat Clinic area, with the exception of the patient examination cubicles and the Winthrop Foundation which were both recent constructions, was completely redecorated. This area included the stu-

dents' section, the large waiting room and the Hooper Room, as well as the corridor and all the rooms off the corridor in the Infirmary area. The rooms have been painted in pleasing pastel colors and the furniture has been refinished, the Ladies Visiting Committee taking over the refurnishing of the Hooper Room.

The completion of this last project means that the entire area occupied by the Infirmary Clinics has been completely redecorated within the last year. The improved morale and appreciation of both patients and personnel have been most gratifying.

In July, the Ear, Nose and Throat Operating Room and Anesthesia Department moved back to the Infirmary from their temporary quarters in the Surgical Clinic. Although it was pleasant to have the use of the Surgical rooms again, both the administration and the Surgical Clinic personnel are happy to note that the Infirmary group were very careful, considerate, and agreeable tenants. It certainly proved how well a seemingly difficult arrangement can work if everyone cooperates.

During 1950, Dr. Mahlon T. Easton was forced to give up his concentrated studies in aniseikonia in the Eye Clinic. The room which was used for this purpose became a playroom each morning for children waiting in the Eye Clinic. This has proved a boon to the children, clinic personnel and harassed parents.

In October, it was decided to use the room for an emergency treatment room for ear, nose and throat patients during the late afternoon and at night and over weekends. This means that an emergency patient can go directly from the front door to the emergency treatment room and also enables the nurse to make the best use of her time, attending to both eye, ear, nose and throat emergency patients in the same area.

The year 1950 was satisfying in that most of the projects accomplished have directly benefited the patients by giving them better and quicker care and improving their morale.

MARGARET MEENAN, R.N.,
Administrative Assistant

Nursing Department

THE Nursing Department and all its personnel were glad when the year 1950 came to an end as it was the year of reconstruction and reorganization, with the hospital corridors, stairways, and dining room filled with workmen of many trades. However, each and all — patients and staff — were most cooperative and accepted the inconveniences in anticipation of the improvements to come.

Patients were admitted, treated and discharged as usual. The floor in Baker Memorial for private patients and the operating suite in the Surgical Clinic of the Out-Patient Department worked out most satisfactorily.

Early in January, small groups of the Ladies Visiting Committee met in the Nurses' Residence and prepared absorbant cotton for the year's supply of eye dressings. Through the efforts of one of the Visiting Ladies, the United Shoe Machinery Company cut out these eye pads with special dies. This saved much time and hard work, as these special eye pads were previously all hand cut by one of our loyal, hard working graduate nurses.

RECRUITING NEW NURSES

After the vacation period, a completely new staff of personnel had to be organized to equip, settle and make ready the new fifth floor. The big question, which caused much anxiety, was where could we obtain nurses. Advertisements for staff nurses were put in three nursing magazines and in several Boston and New England newspapers. Letters were also sent to the 398 affiliating students who had taken the two months' course here recently.

The returns were interesting but not as productive as we desired. Nineteen acknowledged our letter, five reporting for employment when they graduated in the fall of 1950. Two acknowledged the nursing magazine advertisements and 22 the newspaper ads. One reply came from a nurse in Belgium who had received the advertisement from a sister in Portland, Maine. The six obtained from the newspaper proved to be an unstable group, however, as their employment was short for various reasons. One would expect ours to be a popular field of nursing but it required much time, many trials and tribulations before we were successful in securing the proper nurses for permanent evening and night duty.

The new class room on the third floor was made available in April. The room has several innovations including built in metal cabinets with adequate shelf and drawer space, a glass board to replace the old-fashioned blackboard, fluorescent ceiling lights and new student arm chairs. As the room is also to be the instructor's office, a metal desk, chair, and telephone were installed. Soon the long awaited eye, ear and larynx models for teaching were received and we hope our next acquisition will be a projectorscope with slides, for our own use to eliminate borrowing from other departments.

THE NEW PATIENT ACCOMMODATIONS

Late in June the fourth floor for semi-private patients was made ready and on June 30, 17 patients were transferred from Baker 5. All were delighted with the six semi-private four, five and six bed wards, furnished with new beds and air foam mattresses, attractive furniture and indirect ceiling lights. In short order the efficient staff had their patients settled and enjoying the comforts of their new quarters.

The facilities of the special linen, bath and appliance rooms have proved most convenient. Other outstanding improvements on this floor are the medicine closet and a convenient and properly lighted head nurse's unit in which there is ample desk space for doctors as well as nurses.

The long awaited dressing and rest room for staff and private duty nurses is also on the fourth floor. There is a powder room, plenty of easy chairs and some locker space. An appreciative patient presented a gift to the floor nurses so that a General Electric table radio could be installed in this room for all to enjoy.

In the early weeks of July under the able guidance of Miss Elizabeth Ward and her staff, the private operating rooms were moved from the fifth floor of the Baker Memorial and the service ear, nose and throat operating rooms from the Out-Patient Department, to their new spacious air-conditioned suites. After a year in improvised and cramped quarters, moving day for the Anesthesia Department and the Recovery Room was most welcome. Few realize the hard work and anxious moments the Recovery Room nurse has. The bright new room with its modern set-up makes her tasks easier. Suction and oxygen provided at the bedside

makes for more efficient care of the individual patient.

The Children's Ward moved to the east wing of the fourth floor and was in readiness to receive the first patients on July 19. Many improvements and much new equipment had been installed such as cubicles and suction cabinets in all the wards and a call bell for each crib. The treatment room equipped with a complete stainless steel unit, x-ray viewer, oxygen and suction unit, has proved most essential and convenient. Two modern, well equipped utility rooms, a spacious stainless steel linen closet, bath room and toilet facilities, adequate medicine closet, special play-room and head nurses' station with desk space for nurses and doctors, are many of the new acquisitions.

The wards on the second and third floor were also renovated. Each had their bathroom facilities modernized and the nose and throat side of the female ward was rebuilt and the bed capacity increased by 10. A head nurses' station, treatment-room, enclosed medicine closet and four bed cubicles were also added.

PERSONNEL CHANGES

The head nurses of both wards resigned during the year. Miss Beatrice Anzalone left to be married in June after five years in charge of the women's ward, where her quiet, efficient cooperation was a great asset, and her co-workers, although happy for her approaching marriage, regretted losing her. Mrs. Vera DeRosa resigned in September after four and a half years as head nurse of the men's ward, our largest ward and a most difficult assignment where she had done a fine job. Also in September, Mrs. Isabel Willis, after two years service, decided to change her vocation and do secretarial work.

In August, time and energy was centered on the opening of the new fifth floor for private patients. Here 27 single rooms had to be equipped and made ready to receive the first patients. The head nurse, a former affiliate and ward teaching supervisor, spent five weeks assembling and marking the necessary equipment with the help of an orderly. The double utility room with all stainless steel equipment, and a spacious, well-stocked linen closet were the particular pride of the personnel. An inter-communication system and toilet facilities in each room save the nurses many unnecessary steps, as the corridors are long and the central nurses' station some distance from many of the rooms.

Because of the difficulty in securing enough graduate nurses to staff and cover the three periods, the long awaited opening day was delayed until September 18. Six patients were admitted on this day.

Several changes and innovations were made throughout the hospital during the year for the improvement of medical and nursing care of the patients. New metal eye treatment baskets, proposed by Dr. Dunphy and worked out by members of the staff, were put in use late in November. These baskets, with the exception of the eye drops, ointment and scotch tape, are easily cleaned and auto-claved daily.

The Kardex or post-index system which had been used on two smaller wards, was adapted throughout the hospital. This new system saves time for the head nurse and the ward secretaries by eliminating unnecessary repetition of writing day and night orders.

GRADUATE TEACHING

Two graduate nurses from Karolinska Hospital in Stockholm, Sweden, came to us in January for six months' experience. Miss Eva Abeman and Miss Gunvor Andersson, both were attractive, well-trained and efficient nurses who easily adjusted to their new surroundings and were popular with all. As they were interested in surgery, most of their time was spent in the operating rooms.

Only two graduate nurses applied for the two months' course during the year and while the nurse from Connecticut completed the course, the one from South Dakota had to withdraw because of ill health. Certain changes are planned for next year. We will be paying a larger stipend and giving the graduates a more concentrated course.

We were pleased to have the St. John's Hospital of Lowell open an affiliation with us late in the year and hope to receive more of their students in the coming year. The Massachusetts General, Melrose and Burbank hospitals continued to send their quota of students but the Quincy City was only able to send two. However, a new plan for next year is being worked out and we hope to have more students from all the schools for a shorter, more concentrated period of practical experience in this special field of nursing.

It was with regret that this Department learned of the resignation of Miss Annie Munro Robertson. We had worked together for the interest of the hospital for 24 years and had had many pleasant associations. The attendance at her tea on the afternoon of December 14 at the Nurses' Residence, was most gratifying and complementary.

The Ladies Visiting Committee continued their interest in the Residence and this year put up plastic draperies in the individual rooms.

DOROTHY M. TARBOX, R.N.
Superintendent of Nurses

Social Service Department

IN October 1950, the Social Service Department completed a ten year period under its present director. In the past five years the Department has made a significant contribution in the field of handicapped children, particularly the blind and the deaf. This contribution has been made not only in this locality but throughout the country, both by publications and formal participation in national professional meetings, as well as lectures to medical social work students, medical students at the Harvard Medical School and School of Public Health, to graduate students in ophthalmology and many others.

In the research programs for deaf and blind children, the social workers have worked closely with the teachers in these programs who are either training the child directly or instructing his parents. This relationship has resulted in joint planning for the rehabilitation of these children and to our knowledge, is a new development in a hospital setting. It has also led to participation in the parent organizations developed by the parents of both blind and deaf children. While these groups have not been organized under the auspices of the Infirmary, the social service staff and the teachers have given their support and assistance in program planning, have taken part in the programs and attended the meetings insofar as time allowed. Group education of the parents of handicapped children is a popular movement throughout the country at present but little use has thus far been made of professional staff in hospitals for this purpose. Limited personnel makes it difficult in our own organization.

INTEGRATION OF THE BLIND CHILD

In reviewing the retrolental fibroplasia project, the following figures may be of interest; since 1942 the department has served 271 children directly. In addition consultations have been given, directly or through correspondence, to 62 other patients; 71 retrolental fibroplasia children are at present receiving service from the Department.

The preschool teacher, who is employed by the Foundation for Vision, receives her referrals from

the social workers, has her quarters in our offices and really functions as a part of the Social Service program. She has had contact with 209 retrolental fibroplasia children since her appointment in February 1946. She has visited 122 different children in their homes and has given consultation service to 87 others. Consultations and requests for information from organizations dealing with blind children and consultation service to parents has been extended by the social and educational program to 19 states outside of Massachusetts, and also to visitors from Puerto Rico, Hawaii, England, Chile, Brazil, Greece, India, China and Czechoslovakia.

The philosophy which recognizes the desirability of home and parental care for the young blind child whenever possible, has been well established and practiced here. The integration of blind children into programs for seeing children has also been successfully demonstrated. Twenty-nine blind children have been placed in regular nursery schools in their home localities; 22 have gone to public school kindergartens, and seven have completed first grade in either public or private schools. Two of these latter have no vision whatever. One child who has only a slight amount of vision entered public school in the first grade and now is in the fourth grade. Although we do not have accurate statistics on all the children outside of Massachusetts, to our knowledge four children from the retrolental fibroplasia study group are in residential schools for the blind in Connecticut, three in New York schools for the blind, and 35 in Perkins institution. Eight children are known to be in institutions for the care of chronic physical or mental conditions; 10 other children of school age have not been able to qualify for school placement because of their retarded development or multiple handicaps, such as deaf-blind, spasticity, epilepsy, etc.

COMMUNITY RESOURCES FOR THE DEAF

The Winthrop Foundation research program for the hard of hearing child has stimulated social treatment of this group of children. Previously emphasis was placed primarily upon their speech

training and preparation for their admission to schools for the deaf. Individualization of the children began with the late Dr. Ruth Guilder's program here for rehabilitation of the young deaf child. After Dr. Guilder's death in 1945, the program regressed for a time but in the last three years has been very actively resumed. As with the blind child, the importance of good parent-child relationships and the need for parental acceptance of the handicap has been demonstrated if the child is to progress.

Deaf children have also been introduced successfully into nursery schools for hearing children. After considerable interpretation of their capacities and potentialities, partially deaf children with hearing aids are now in public schools when 10 years ago they would have been entered in schools for the deaf. Auditory and speech training and social casework go hand-in-hand in rehabilitation of the young deaf child. The Social Service Department has served 267 preschool deaf children in this program. As far as we know, there is no other program in Massachusetts for the hard of hearing and deaf child which is giving individual casework service to the extent provided here.

In addition to this individual service, for the past two years meetings have been held for the public school teachers who have our partially deaf children in their classes, to interpret the clinic's program for the children and to help the teachers in carrying out their rehabilitation. The meetings have consisted of medical, social and educational information. Written suggestions on ways to help the hard of hearing child in class, have also been prepared by the teachers and the social workers.

Since the Winthrop Foundation and Clinic for the Deaf were established other resources have developed in the community for the hard of hearing child. Services have been increased by the Boston Guild for the Hard of Hearing and the Bay State Society for Crippled Children. The Clinic for the Deaf program, however, is still a pilot project in the total rehabilitation of these children and the program differs from others in that it is a combined medical, social and educational service with medical leadership, which is tremendously important.

NEED OF PSYCHIATRIC HELP

There is great need in all services to children at the Infirmary for more psychiatric consultation. Nor is there enough of this help available in the

community in general. Our children who are referred for psychiatric treatment are sometimes on the waiting list for such service from six to nine months. Although we use the psychiatric service at the Massachusetts General Hospital for evaluation, they cannot accept all of our children who need treatment. To have a completely rounded program, this service should be provided within our own hospital.

Probably few of the personnel of the hospital realize the studies which are done by the master students in social work on various phases of our activities. The following studies have been done in the past ten years and are available in our library: "Meeting the needs of the Preschool Blind," "Survey of Social Service Referrals from the Eye Clinic," "Medical Social Problems of Patients with Strabismus," "House Admissions of Children to the Massachusetts Eye and Ear Infirmary," "The Function of Medical Social Workers with Children with Buphthalmus," "Rehabilitating Children through Hearing Aids," "Medical Social Service for the Preschool Deaf Child," "The Glaucoma Program at the Massachusetts Eye and Ear Infirmary." Studies now in progress by the current student group are:

"The Massachusetts Eye and Ear Infirmary's Rehabilitation Program for the Patient with Total Laryngectomy."

"Social Problems Presented by the Patient with Separated Retina."

"Social Service in Relation to the Hard of Hearing Child as Demonstrated in the Winthrop Foundation and Clinic for the Deaf."

It has been gratifying in the past few years to see the Social Service Department develop standards which permit it to assume a teaching status in its own field comparable to teaching carried on in the medical units of the Infirmary. In collaboration with the Simmons College School of Social Work a two year study on methods of student supervision has just been completed by Miss Ruth M. Butler and Miss Madeline Shipsey, with the Professor of Medical Social Work at the School and the Director of Social Service Department as consultants.

The Social Service library has added a large number of books and pamphlets on subjects of particular interest to our specialities and also on the general social and psychiatric field. Periodicals which are used for frequent reference and research are being bound.

Through the years expansion of activities and personnel made additional office space necessary. Although still far from ideal, the space assigned to this Department now gives some opportunity for privacy for interviews but does not meet standards for the best medical social practice. The acquisition of new files, mechanical devices for recording and intercommunication, have raised efficiency in operation and saved increasing the secretarial staff.

There has been considerable turnover in personnel during the past 10 years, but it has been an anticipated and healthy change. Replacements of vacancies have been largely graduates from schools of social work without previous experience, who came for supervision and experience. Practically all of the workers who have left the department have gone to positions of either greater responsibility and/or larger salaries. It has certainly been demonstrated that experience in a specialized hospital has in no way forestalled greater professional opportunities for well equipped caseworkers. They have gone into social work in general hospitals, Red Cross, Veterans Services, Public Welfare, research and teaching services for the blind and one as a Director of Social Service in another hospital.

ACCENT ON REHABILITATION

While prevention of blindness and deafness are the primary concern of medical social work in our setting, the changes in medical problems and types of treatment over the years have had their effect upon medical social work practice. Public health responsibilities, which formerly occupied a great deal of the medical social worker's time, are now largely assumed by other community agencies. Therefore, the medical social workers in the Infirmary have been able to concentrate more on the patient with problems of rehabilitation and chronic conditions requiring prolonged medical treatment.

On the hospital administrative level, the Social Service Department has been fully recognized as having a part in overall planning for patient care. This is particularly important, since individual service to patients can be greatly reduced if general planning takes into account the particular needs which will have to be met individually if they are not covered by general policy. The Public Relations Department and Social Service have worked jointly on printed material for patients, acquiring play equipment for children in clinics and participating in radio broadcasts.

The following is a brief summary of the activities of the department for the year 1950: individual casework service given to 2922 patients plus follow-up service to 1561 patients with glaucoma, making a total of 4483 patients served by the Department.

<i>ANALYSIS OF STATISTICS</i>	<i>1950</i>	<i>1949</i>
Eye Service	1665	2145
ENT Service	1257	1343
Ear Service	602	671
Tumor Service	261	193
Nose and Throat	160	149
Winthrop Foundation	220	316
Plastic Clinic	14	14

A decrease in the number of eye patients was due in part to the discontinuance of service to private patients with retrolental fibroplasia, and the reduction in the number of patients receiving aid with glasses. Requests for glasses dropped from 600 in 1949 to 346 in 1950. This was partly due to the policy which now permits us to refer patients receiving public aid to their agencies for payment of glasses.

The change in the number of patients on Ear, Nose and Throat Service has been very slight. The most significant figure here is the increase in referrals from Tumor Clinic. 321 patients were referred from Ear, Nose and Throat Clinic for hearing aids. The reports from the Boston Guild for the Hard of Hearing, giving their recommendation for the patients to whom they demonstrated hearing aids, are now attached to the medical record for the doctors. Referrals to the Division of the Blind were 117. The number of new patients with glaucoma decreased this year from 240 in 1949 to 183 in 1950. There were 263 patients discharged and the current, active follow-up is 1304. Of the glaucoma patients on active follow-up, 355 had individual social treatment.

In the Winthrop Foundation 139 patients were served by Social Service. Out of that number 54 were classified as private patients.

PERSONNEL CHANGES

The following resignations were accepted: Miss Ruth M. Butler, Casework Supervisor, Miss Ann Compton, Caseworker, Miss Elizabeth Green, Financial Secretary and Miss Jean Flanders, Follow-up Secretary. Appointments were: Miss Gail-Marie Bergheim, M. S. Bryn Mawr School of Social Work,

Mrs. Ethel Grant, M. S. Simmons College School of Social Work, Mrs. Winifred Robbins, Financial Secretary, Miss Muriel Sanger, Glaucoma follow-up secretary.

EXPENDITURES

Glasses	\$3,151.05
Hearing aids (includes repairs and ear molds)	4,324.90
Electrical suction (includes repairs)	196.50
Nursing home care	823.40
Rooms and meals	52.50
Toys for blind children	5.05
Transportation of patients	943.36
Prostheses	354.50
Housekeeping service	86.10
Dentures	490.00
Other medical appliances	132.70
Ambulance fees	28.00
Literature for parent education	19.12
Camp and vacation fees	10.00
Nursery school tuition	120.05
Miscellaneous small items	21.00
Refunds to patients	6.50
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Total expense	10,764.73
Refunds from patients	\$5,226.09
Payments from funds and social agencies	4,024.78
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Total income	9,250.87
Total from Social Service Funds	1,513.86

The drain on Social Service Funds has been considerably reduced this year.

We are indebted to two new agencies this year for assistance with our medical relief, first, the Bay State Society for Crippled Children which has provided \$624.25 for hearing aids for children. Through Dr. Henry Mosher we were notified of an organization, "New Eyes for the Needy, Inc." in New Jersey which supplies frames for patients in need of eyeglasses. This organization has agreed to send us 500 or 600 frames per year for patients. We have thus far had an allotment of 150 and this has meant considerable saving in our relief funds.

We continue to be grateful to the American Cancer Society, the Permanent Charity Fund and to an individual donor for their generous contributions. The Ladies Visiting Committee contributed \$125.00 to the department for inter-departmental expenses, e.g. professional magazines, books, small items, and for travel of staff members to attend conferences which in many ways help to keep up staff morale and provides professional stimulation.

The Social Service Advisory Committee has continued, as always, to give generous support to attempts to improve the Department and wise counsel on matters presented for its consideration.

EUNICE W. WILSON,
Director, Social Service

Occupational Therapy

DURING the entire year as a result of the reconstruction program, the Occupational Therapy Department operated from temporary and most inadequate quarters which necessitated a considerably curtailed program. Shop classes, so vital to extensive occupational therapy functioning, had to be discontinued completely and only bedside treatments were carried out.

The outstanding aim of the Department has continued to be a graded activities program for long-term ophthalmic patients with a poor prog-

nosis. The objective is to develop touch sense and manual dexterity for eventual vocational rehabilitation.

There were 745 patients assigned to Occupational Therapy with 3741 treatments given. The oto-laryngological patients were referred by blanket medical prescription unless there were contraindications, while the ophthalmic patients were prescribed by the use of the occupational therapy medical prescription cards or the Doctors' Order Book. In the future, we are hoping referrals will

be made from the Doctors' Order Book as the more expeditious method.

In August when the Nursery reopened, the Occupational Therapy Department once more assumed supervision of the remedial and recreational activities for the children. The assistance of a well trained volunteer corps organized by the Public Relations Department has been invaluable in providing them with therapeutic media. The Ladies Visiting Committee generously donated funds to supply the playroom with new equipment and to maintain its upkeep throughout the year. There were 498 contacts made in the Nursery.

As usual, the Department during the course of the year participated in planning favors, decorations and parties to make a more festive atmosphere for the patients hospitalized during the holidays.

PATIENTS' LIBRARY

The Patients' Library has continued to be a successful adjunct of the Department. The Theodore Chase Memorial Fund amply allows for periodic additions of current literature and for subscriptions to 24 magazines. The Book Truck is circulated on all floors three times a week by the Occupational

Therapy students and two volunteers, Braille books, magazines and written materials were supplied to the visually handicapped patients requesting them. Reading material was issued to 708 patients during the year.

The Boston School of Occupational Therapy at intervals assigned 12 students to the Department for an eight week training period. Medical lectures, clinics, field trips, operation observations, were made available to them. The Director of the Department lectured several times at the School on the visual field and more specifically on occupational therapy at the Eye and Ear Infirmary.

The year ended with a change in personnel as well as in location of the Department. Miss Patricia Howe, OTR, resigned as Director in December and was replaced by Miss Alice L. Hogan, OTR, a graduate of the University of New Hampshire. Miss Jean Zickel, OTR, completed her first year as assistant in the Department. The new occupational therapy room, near the elevator in the basement, will again allow for shop work and is large enough to accommodate much-needed additional equipment.

ALICE L. HOGAN, O.T.R.,
Director, Occupational Therapy

Personnel Department

In the early months of 1950, New England was listed as a distressed area of employment which meant a plentiful supply of applicants for hospital jobs. After the outbreak of the Korean war, there was a gradual change toward an employees market although there is still no acute shortage of labor due to the back-log of unemployment here.

A growing restlessness among our workers resulted in a high labor turnover of 78% with 148 persons hired and 129 terminated. Accordingly, it has been necessary to step up our advertising program. Advertising has resulted in 19% of our applicants hired, agencies 31%, employees 5%, the "gate" (or those walking in off the street) 42%, miscellaneous 2% and the State Free Employment Office 1%. An estimated 6000 persons were screened as desirable enough to make out applications. About 10,000 persons came to make inquiries about jobs.

SOCIAL SECURITY

The most positive gain of the year was the amendment to the Old Age and Survivors Insurance System giving hospital workers Social Security. An educational program for employees on the benefits of the new bill was carried on during the fall of 1950 by this office. Voting on Social Security took place in December and the 85% affirmative answer gave the Massachusetts Eye and Ear Infirmary the privileges of Social Security for all employees who voted "yes."

EDUCATION AND TESTING

Students from the Radcliffe Graduate School in Management and Personnel Administration came for field work twice during the year. The addition of a Personnel Resident for a year's training began

in May of 1950. Miss Abigail Hoyer has been a welcome member of the Personnel Staff.

The expanded testing program and the new methods of record keeping have saved time and labor. The testing program in particular has demonstrated the usefulness of this added tool of screening applicants for certain clerical jobs. The department has continued to include this service to department heads, in the effort to do the best possible screening.

FUTURE PLANNING

The situation regarding employment will reflect general conditions in the country and community. As yet we have had no serious difficulty in getting unskilled help. For six months or more there has been a shortage of clerical help throughout the

country, and this shortage has been reflected in our difficulty in obtaining clerical help for the hospital. An additional factor in our difficulty in getting clerical workers is that our hours are longer than the community average and we do not have a five-day week.

We have stressed at administrative meetings the importance of keeping present help, as they are not easily replaced. The Personnel Department is intensifying its recruiting program. We are assigning a part-time assistant interviewer to help with our screening interviews and do follow-up work on applications. Old terminations will be scrutinized to try to get some of our desirable former employees back again.

Lois D. McCoy,
Personnel Director

Public Relations

THE 4000 invitations to the Open House held on October 19 were sent to leading staff members of other Boston Hospitals and of community agencies interested in our work, to our volunteers, the families of our personnel, and 3000 personalized cards to all contributors to the Building Fund. The Open House program was not only for the inspection of the new operating rooms and patient floors but was also a demonstration of our services. For this day every department was on exhibition, to show the public its contribution to the prestige of the Infirmary.

The program, in three sessions, opened with our medical staff showing visiting doctors the operating rooms and clinics in action. The main group of guests, about 500 strong, came in the afternoon and were shown from top to bottom of the hospital by volunteers and personnel guides. Contributors, after viewing the hospital with an accent on the results of the remodeling, were welcomed by the Ladies Visiting Committee and the Corporation at a reception and tea.

A brochure prepared for distribution at the Open House, showed pictures of the improvements and outstanding services and listed the donors to the Building Fund to date. This same booklet was

used as part of the Christmas mailing, an annual report of progress, so that in one way or another it reached everyone who had given to the Fund. As in previous years, a gratifying number of our loyal supporters responded to this report with a donation.

This was the only concentrated giving to the Building Fund that was recorded for the year as the United Community Services did not allow Red Feather agencies to do fund raising in 1950, even as in the case of the Infirmary, for capital improvements already begun with their approval. However, the Building Program became a reality this year and the Fund raised from friends of the Infirmary inched forward to \$303,375.34.

During the height of the remodeling period, with our private and children patients housed at the Massachusetts General Hospital, our public relations problem of keeping our independent identity was intensified. In order to clarify the situation, each private and semi-private patient and the parents of our children received a personalized letter the day after admission to the Infirmary, telling them how much would be accomplished by the Building Program that necessitated our housing them next door.

HUMAN INTEREST PUBLICITY

Building disruptions also curtailed some phases of publicity but we continued to get pictures into the newspapers, pursuing our belief that repeated human interest items — such as the picture of children and other patients whose sight or hearing has been saved by coming to the Infirmary, get across to more readers than any other type of publicity. We also made every effort to continue the usual community cooperation, as for example finding candidates for the Catholic Guild for the Blind's award to a patient over 75 whose sight was saved by a successful operation. This award is to encourage older persons to have needed eye surgery.

The admitting folder had to have a special edition while patients were cared for in two hospitals and another when we moved back in the fall. Also, after the new floors were opened, this Department revised the fire regulations or in hospital parlance, "Rules for Drill." This was to bring our personnel up-to-date on our improved fire prevention facilities and also to make the directives as easy to follow as possible.

To this Department has been relegated the paper work of drawing up procedures in case of disaster. In cooperation with the MGH, we first did forms for the triage or sorting out and hospital evacuation that was given a dry run on Sunday, November 19. *Situation Cocomanut* or operation in case of a civilian disaster entailed the setting up of medical teams to staff the clinics on an emergency basis, procedure for clearing bed space for emergency admissions, etc. The more ominous *Situation Red*, in case of bombing, is the next plan being worked out.

Under the aegis of the Massachusetts Hospital Association, but at this Department's suggestion, the directors of hospital public relations have got together this year for regular meetings. For this first year, your Director was chairman and the Section has discussed mutual problems and heard speakers on public relations coordination from other community organizations, such as the United Community Services.

Again this year a young man completing his graduate work at the Boston University School of Public Relations asked if he could do field work in this office. He came in the fall, at the time of preparation for the Open House program and was put to work on the hundred and one details which gave him a realistic idea of the behind the scenes

ways a public relations department helps the hospital make an interesting presentation of its services to its many publics.

The branch of the work handled by this Department that has had the most gratifying growth this year has been the Volunteer Program. Such a program wins recognition in the community and has value beyond the work contribution of the volunteers. A volunteer even if she can only serve a limited time, is a prime public relations "conductor," spreading the word about the hospital services to the community and bringing into the hospital the challenge of being evaluated by the average citizen.

The Volunteer Program has been strengthened and ably expended this year by the Public Relations Assistant, Miss Phyllis Scott whose report follows.

VOLUNTEERS

The volunteer program took on several new projects this year. A children's waiting room in the Eye Clinic was opened in the spring with money donated by the Ladies Visiting Committee for tables, chairs and toys. This was staffed during clinic hours by volunteers who entertained the children waiting to see the doctor. After six months of supervising and organizing the playroom, it was decided the project could continue without the presence of a volunteer.

The opening of the new fourth and fifth floors with their private rooms and children's unit, required a reconsideration of volunteer needs. Ward Secretaries were used to great advantage on these new floors as well as continuing on the busy third floor ward.

NURSERY PLAY PROGRAM

The year's outstanding achievement was a carefully organized group of volunteers to staff the nursery playroom morning and afternoon as play supervisors. Letters were sent to local colleges offering nursery school teaching in their curriculum, explaining the purpose of the project. It was suggested that this direct contact with the young sick child might prove advantageous to the student. Several schools and colleges responded enthusiastically and we soon had representatives from Leslie College, Perry Kindergarten Normal School, Wellesley College and Wheelock College.

The Wheelock students are given academic credit by the college for the hours they spend at the Infirmary and a semester report of their work is made to the teacher in charge of field work. Two three-hour periods a week are scheduled for the Wheelock students to give them a greater chance for familiarity with the children.

Each nursery volunteer was given a brief orientation in the Public Relations Office on the work of the Infirmary and more specifically, her part in the nursery program. A pamphlet entitled "The Volunteer and the Sick Child" was prepared by this department to indoctrinate the students into the ideology and practical routines of the nursery.

This nursery program as it goes into its second semester, is proving so successful we now have more girls hoping to join the program than we can use in our schedule. The number of girls from Wheelock has increased from three in the first semester to five in the second.

Not all our projects were as successful as the nursery program. A brief experiment with readers for blind patients did not prove feasible because of the fluctuating need. Plans for an evening group using business girls were shelved because of difficulty in indoctrinating and supervising such a group.

A brief statistical survey shows that the Infirmary had 68 volunteers working in 22 different jobs

for a total of 3627 hours during 1950. Eleven of these workers have done over 100 hours in the past year and are now eligible for a 100 hour pin from the American Hospital Association.

Our chief source of workers continues to be the Volunteer Service Bureau, a Red Feather Agency that coordinates the volunteer needs of Metropolitan Boston. Miss Parker and Mrs. Merriam have taken a lively interest in the Infirmary program, doing their best to keep us supplied with volunteers even during slack seasons. Six girls have come from the Junior League to complete their service requirements as provisionals, and a few interested persons have come to the Infirmary on their own initiative.

The volunteer program is never static. New requests for volunteers and need for re-evaluation of existing jobs, keeps the program active and alert. Turnover has been reduced this past year but sickness and unexpected family responsibilities still cause withdrawals and absences. It has been encouraging to receive letters from "retiring" volunteers mentioning the pleasure they had in their volunteer service. Their experience at the Infirmary gives them a better understanding of our services as a voluntary hospital.

VIRGINIA GEROULD,
Director, Public Relations

Dietary Department

THE year 1950 saw many changes in the Dietary Department which improved food service to both patients and personnel.

In the Cafeteria, work was begun early in the year to make it a more enjoyable place at mealtime. The first improvement was the sound-proofing of the ceiling which lessened to a great extent the irritating clatter of dishes and the sharp tones of many persons conversing. A month later, new tables which had been under consideration for some time, finally arrived. These tables, constructed of a single metal base with formica tops, will accommodate a total of 62 persons comfortably, compared

to the seating capacity of 56 a year ago. Shortly thereafter, the cafeteria was repainted a cool green and in October, new chairs of light colored wood with dark green plastic seat covers, were put into use. Many thanks are due to the Ladies Visiting Committee for making the new ceiling possible and to Mr. and Mrs. Henry Meyer for the gift of the tables and chairs and also, to complete the comfort of the Cafeteria, for giving us a large floor electric fan.

Old equipment in the main kitchen was replaced by new and more adequate stainless steel. Two dish trucks to be used for transporting dishes, food

and other supplies, were put into use early in June. A stainless steel cabinet with removable shelves and stainless steel wire mesh doors replaced the old bake shop oven for storage of bakery goods. As part of this unit, a table for cutting bake shop products was added, as well as another large cabinet for storing pans, bowls, etc. To facilitate production of food and the cleaning of pots and pans, a new vegetable sink was installed along with a new pot sink.

Late in the year, five new Blickman stainless steel, electrically heated food trucks were put into service. Two of these new trucks, serving the fourth and fifth floors, are the selective service type, allowing a larger range of hot food to be included on the private floor menus.

EXPANDED RESPONSIBILITIES

After a period of planning and reconstruction, the service to private patients and to the Nursery was moved back from Baker Memorial and Burnham to the newly finished floor kitchens. This return automatically transferred the supervision of the Nursery kitchen from the Nursing Department to the Dietary Department. Following precedent set by the Burnham floor kitchens, the new Nursery kitchen was divided into a clean and dirty side and equipped with new stainless steel. This was to avoid contamination of clean dishes and the food being served with used trays, and in practice is working out well.

Since the Nursery now occupies what formerly was part of the semi-private floor, the semi-private kitchen was reorganized into a smaller, more compact unit where the order of the work can be carried on clockwise. As much of the old equipment as could be utilized successfully was retained, while new stainless steel was installed to complete the kitchen.

An entirely new kitchen was opened on the fifth floor to serve private patients. This kitchen was completed with new stainless steel equipment as well as with new dishes and individual tray service. The tray service consists of linen covers and napkins which complement the silver plated, monogrammed service of finger bowls, combination dishes, creamers, sugar bowls, plate covers, napkin

rings, and card holders, as well as a complete set of flat silver. With the addition of the private floor, a change in the type of selective service menus was made which increased the variety of food served and the set-up of the menu sheets.

INCREASED CAFETERIA SERVICE

The Cafeteria served 70,957 meals during 1950, an increase of 8,120 meals over 1949. Increase in the number of meals served showed an accompanying increase both cash and credit, of \$7,335 taken in during the year. The increase, noticed early in the year, was due in part to the use of the Cafeteria by the construction men and even more by the regular attendance of Eye and Ear doctors. The Cafeteria was opened on Thanksgiving and Christmas for family-style holiday dinners. It was also used for special supper meetings of the Ophthalmological Society and for the Board of Managers. Special luncheons to groups of approximately 100 members of the New England Otolaryngological Society and for the Infirmary Alumni, held in the E.N.T. Out-Patient Clinic, were served in June and again in November.

The number of meals served to ward and private patients was 113,960, a decrease of 30,866 compared to the previous year. This was due to a decrease in patient census because of the construction period. Of the total meals, 9,563 were special diets consisting of diabetic, low sodium, six meal bland, reduction, soft, etc., and accounted for 2% more of the total than did the special diets last year.

During the year, changes in staff and additions to personnel were experienced. Early in the year, the staff was changed from one full time and one part time dietitian to two full time workers. With the opening of the new floor and additional supervision of the Nursery, seven employees were added to the payroll.

Thanks are again due to the Ladies Visiting Committee for supplying fruit at Thanksgiving for the patients and refreshment for the hospital Christmas party. Holiday favors for patients' trays were furnished by the Occupational Therapy Department and were welcome decorative additions.

GRACE SIMS,
Dietician

The Boston Eye Bank

THE number of New England hospitals affiliated with the Boston Eye Bank continues to grow, and at the end of 1950 totalled 47. Seven hospitals added to the list during the past year were the Beverly, Faulkner, Boston Lying-In, and the Quincy City; two New Hampshire hospitals, the Elliott in Manchester and the Mary Hitchcock Memorial in Hanover, and the Central Maine General Hospital in Lewiston, Maine. In addition to these, two hospitals indicated their willingness to become affiliated but because their staff did not include a resident surgeon, it was considered impractical for them to do more than offer facilities to those donors whose families made the arrangements through their personal physicians.

The hospitals were contacted periodically either by visits, telephone calls or letters. The cordial reception with which these calls and visits were received, and the readiness to accept suggestions for simplifying procedure or obtaining donations, was most satisfactory. The extent to which some of the hospitals are able to cooperate is dependent upon the locality, and services offered, as well as the social and economic status of their patients. The time involved in securing permission from the next of kin remains the principal obstacle in obtaining eyes within the hour after death.

DEMAND FOR EYE TISSUE

A total of 90 eyes was received during the year from 26 different hospitals. Approximately 75% were removed in the course of post mortem examination. The unavoidable lapse of time between death and enucleation precluded the use of such eye tissue for corneal transplantation. They were, however, used to good advantage in research studies. Eye tissue was supplied for 10 corneal transplantation operations. There is a continuing demand for eye tissue both for corneal transplantation and research studies. Of the eyes used in research, the large percentage have been supplied to the Retina Service, the Eye Pathology Laboratory and the Howe Laboratory.

One of the transplant operations was viewed by visiting members of the American Congress of

Surgeons which met in October. Several days prior to the time scheduled for the operation affiliated hospitals, within a reasonable distance of Boston, were called and asked to be on the alert for opportunities to obtain eye tissue. The Newton-Wellesley Hospital was able to supply suitable eye tissue in ample time for the scheduled operation.

There is no way of knowing, of course, how many of the pledged donations are lost each year. We have heard, however, through lawyers, friends and families of at least nine instances during 1950 where eye tissue did not come to the Eye Bank because death of the donor occurred at home, or the intention was discovered too late to make arrangements.

Over 1800 donor forms were sent out in response to telephone calls and letters requesting information about the program, and it is not unreasonable to expect that, circumstances permitting, each person asking for the information may be considered a potential donor. Donor forms distributed in 1947 and 1948 are still being returned.

PUBLICIZING THE PROGRAM

Explanations of the programs were presented by Dr. Sullivan, Dr. Leahey and the Executive Secretary to church groups, a combined group of social and welfare agency executives, Rotary and Lions Clubs in Massachusetts and New Hampshire, a group of ministers and rabbis sponsored by the Pastoral Training Group, and several classes of student nurses receiving their eye training at the Eye and Ear Infirmary.

The Boston Eye Bank participated in the Open House Day program of the Infirmary. An illuminated display of slides showing eyes before and after the transplantation operation, a map showing the location of the affiliated hospitals in New England and an organization chart were exhibited. Each person visiting the office was handed a printed explanation and a brief summary of the program.

This same exhibit was also displayed at the Massachusetts Health Conference held at the Hotel

Bradford in November. The illuminated slides attracted a great deal of attention, and made it possible to talk with approximately 200 of the public and private health agency directors, nurses and students attending the Conference.

Stories and pictures of workers at the Junior League's Bargain Box appeared frequently in the Boston newspapers. Stories were released by hospitals to their local newspapers, and an article written by a prominent Hollywood actress giving her reasons for donating her eyes, released by the New York Eye Bank, mentioned the name of the Boston Eye Bank and attracted considerable attention.

Each issue of *Listen* published by the Catholic Guild for the Blind, carries an article about the Eye Bank and a notice (paid for by an unknown friend) stating that donor forms may be obtained from the Eye Bank and at the Guild Office. The *Pilot*, the Catholic weekly newspaper of the Archdiocese of Boston, published an article on the Eye Bank in the Medical Chats Column from which many favorable inquiries were received.

A potential donor, whose prose and poetry has appeared in numerous magazines and newspapers, wrote a poem describing the spiritual satisfaction she had gained by making arrangements to donate her eyes. The poem "Legacy" was published in the September issue of *Today's Health*, and the money received by the author from the publisher was donated to the Eye Bank.

NEED OF FINANCIAL SUPPORT

The College Club in Manchester, N. H. has been especially energetic and successful in increasing the number of potential donors in that area. Reports of their activities in behalf of the Boston Eye Bank have appeared frequently in the New Hampshire papers.

The number and amount of annual memberships increased in 1950, and the response to letters urging renewal of the 1947 and 1948 memberships was quite satisfactory. Massachusetts and New Hampshire organizations, devoted to sight restoration programs and working with the blind, were appealed to for financial aid. New Hampshire agencies were particularly interested and made generous contributions. Funds received from these sources, new memberships, renewed memberships and memorial gifts totalled \$1620. The Junior

League of Boston made a most generous contribution of \$1500 with the stipulation that it be restricted for research purposes. Consultations with Dr. Heath in the Eye Pathology Laboratory have already been held, relative to a research project for which some of the money is to be used. This slightly improved financial condition did not cover the operating expense, however, and the account showed a deficit of \$344 on January first.

Two telephone calls from lawyers inquiring how bequests should be designated in wills they were drawing, created some hope for improvement of our future financial problems. In any discussion of the program, the need for funds as well as eye tissue is stressed.

It is rather difficult to press the subscription of annual memberships because many of the potential donors feel that the pledging of their eyes is sufficient contribution, and the greatest tact must be exercised to avoid any unfavorable reaction. Consequently, the amount received from this source will grow slowly and other means must be found to pay for the operating expenses.

TRANSPORTATION

Transportation of eye tissue was provided by the Red Cross Motor Corps, Junior League Motor Corps, Northeastern Airlines and the Boston and Maine Railroad. The Red Cross and Junior League transportation corps should be commended for their cheerful cooperation in accepting these emergency assignments regardless of the weather, distance or however complicated the details of transportation might be. Without their help the Eye Bank would not be able to function. Approximately 27% of the eye tissue comes from the Massachusetts General, Baker Memorial and the Phillips House and requires no transportation.

The Junior League of Boston continues to assign volunteers to handle routine correspondence and general clerical duties. This report would not be complete without mention of Miss Rosamond Emerson, who has given almost three years of volunteer service, reporting two days a week winter and summer. Other Junior League members volunteering secretarial service for periods of six weeks to six months each, and trained by Miss Emerson, were Eleanor Graunis, Lois Doolittle and Jane Evans.

During the year, death claimed another of the

original sponsors of the program in New England, Dr. Harry C. Messinger of Providence. It is hoped that this vacancy may be filled by someone from Rhode Island in a position to assist in the extension of the program in that state.

The Eye Bank continues to fulfill a necessary role among the services offered to the public by modern medicine. It does this in two ways, first by

supplying eye tissue for the transplantation of the cornea. For those individuals who may benefit by this operation, there is no other treatment or means of rehabilitation. Secondly, the supplying of eye tissue for research is an objective of definite value, even though less tangible and dramatic.

OLIVE M. CROWLEY,
Executive Secretary

Lucien Howe Library

"The soul of an institution that has pretense to learning comes to reside in its library; no less well may one gauge the quality of a medical school, of a hospital, of a laboratory, of the individual doctor himself, than by the condition of its library."

THIS belief of Dr. Harvey Cushing's was shared by the early founders of the Infirmary and by Dr. Lucien Howe when, in 1928, they pooled their collection of books and journals to form the nucleus of the present Lucien Howe Library. From 1928 to 1949, the Library was sponsored jointly by the Howe Laboratory of Ophthalmology and the Infirmary, with additional support coming from Howe Laboratory special funds. Because during the past few years proportionately greater services have been rendered to personnel outside the Laboratory, the Infirmary has now assumed the greater financial responsibility.

A step toward more integrated service for the research, teaching and practicing staff of the Infirmary has been the transfer of the oto-laryngological library from the Mosher Laboratory to the Howe Library. The ear, nose and throat books of historical interest will remain shelved in the Hooper Room until the Infirmary's medical library has the larger quarters now planned for it.

VARIED SERVICES

The type of service solicited and received proves that the hospital recognizes the Library as more than a storehouse for the collection of exceptional medical literature. Organized bibliographic search-

ings to locate the most pertinent reference pertaining to the question at hand, overshadow such routine functions as acquiring, cataloging, classifying and loaning books, journals and pamphlets.

The following typical questions asked of the librarian indicate who uses the Library and to what end. House Officer: "Have you a good discussion of spherical equivalents?" Staff member who is submitting a thesis for recognition as a member of a professional organization: "How can I search the literature for a definitive bibliography of my subject? What sort of captions are required under the illustrations? What is the correct form for listing the references?" Pathologist: "Will you read the summaries of these papers (in German) for me? Have you additional illustrated papers that describe the pathology?" Retina Service: "Will you have a photostatic copy made of a paper on the electron microscopy of the vitreous humor that appeared in a German non-ophthalmological journal last summer?" Social Service Worker: "May I have a description of hemorrhagic glaucoma that is not too technical?" Eye Bank: "Who are the certified ophthalmologists in N. H.?" Visiting Staff: "Have you a list of all the Proctor Lectures given to date?" Student Nurse: "Have you the original description of the fenestration operation?" Visiting Oto-Laryngologist: "Will you make me a list of sources for buying and renting films for supplementary teaching of ear, nose and throat surgery, that I can take back to South America with me?" Director of the EENT service of a neighboring government hospital: "We have a certain sum to spend; will you select a basic collection of books for our Library?"

CIRCULATION

The conventional statistics of library housekeeping giving the number of readers and the number of volumes circulated, offers further tangible evidence of the usefulness of the Library:

	1950	1949	
Readers:	6505	5549	+956
Circulation:	1472	1569	—97
Interlibrary loans:	903	823	+78

We had the pleasure in 1950 of indirect participation in commemorating the 100th anniversary of the invention of the ophthalmoscope by von Helmholtz. An exhibition of "The Atlases of Ophthalmoscopy, 1850-1950," was prepared by C. W. Rucker and T. E. Keys for the Annual Meeting of the American Medical Association held in San Francisco in June, 1950. The catalog published in conjunction with the exhibit indicated that our very representative collection of atlases (books with pictures of the eye grounds as they are seen with the Ophthalmoscope), compared notably with the holdings of other medical libraries in the country.

The tedious task of making and pasting book cards in all of our bound books and journals continues with the volunteer help of Mrs. Nancy Preston. When completed, this will greatly facilitate the signing out of books and journals. Mrs. Preston is also working with our collection of reprints which with the authors' cooperation, will eventually represent the writings of all the staff.

The Library clientele is indebted to the following for their continued support and cooperation: The Library Committee for its helpful counsel, and the libraries of Massachusetts General Hospital, Harvard Medical School, Harvard University, Boston Medical Library and the Massachusetts Institute of Technology, for the loan of books and journals not in our collection. We are also grateful to the individuals and institutions that have donated books and journals; these have either been added to our stock, relayed to other libraries via the Medical Library Association Exchange, or sent to libraries in war-devastated areas abroad.

JEANETTE LOESSL,
Librarian

Howe Laboratory

THE major research activities of the Howe Laboratory during the past year have centered about intra-ocular fluid dynamics, radiation effects on the eye, and stereophotography of the anterior ocular segment.

The present-day knowledge of the intra-ocular fluid formation has been formalized into a concept by Dr. Kinsey whereby the ciliary body is considered a secretory organ evolving unbalanced hydroxyl ions which, through reaction with the excess of carbon dioxide, provide the hypertonicity necessary for the intra-ocular pressure. At the same time Dr. Grant has discovered a means for measuring accurately the facility of outflow of aqueous humor so that it is now possible for the first time to assay quantitatively the obstruction to drainage and determine its role in the control of intra-ocular pressure in normal and glaucomatous eyes. It also opens up a tremendous field for the scientific study of therapeutic and operative means of altering the intra-ocular pressure and detecting the presence of glaucoma before it has given rise to the usual clinical symptoms.

STUDY OF RADIATION CATARACTS

The study of radiation cataracts has been directed toward an elucidation of the morphogenesis of the lens changes and a determination of the threshold doses of x-rays and neutrons necessary to produce cataracts. These have been conducted chiefly by Dr. Cogan and Dr. Donaldson under the auspices of the Atomic Energy Commission. At the same time, Dr. Kinsey and Dr. Merriam have made studies on the chemical changes occurring with radiation cataracts, specifically on the synthesis of glutathione and protein by the lens.

Stereophotography of the anterior ocular segment has been developed by Dr. Donaldson to an impressive degree of refinement, and a valuable teaching collection is being accumulated by Drs. Cogan and Donaldson. An exhibit of some of these photographs was awarded first prize by the American Academy of Ophthalmology and Otolaryngology.

CONTINUING STUDIES AND TEACHING

Of the many other activities of the Laboratory during the past year, mention may be made of the long-term studies on pharmacology and toxicology of the eye by Dr. Grant, chemical study of the aqueous humor and rabbit lenses by starch column chromatography by Drs. Kinsey and Merriam, supervision of the research program on retrolental fibroplasia by Dr. Kinsey, and teaching in the Basic Science Course and other post-graduate courses by the entire staff.

During the past year, Dr. E. J. Ludvig and Dr. V. E. Kinsey left to assume professorial positions at Wayne University Medical School, and the Howe Laboratory has suffered thereby a major loss. We may take some measure of satisfaction, however, in the knowledge that these investigators will continue in their new posts the fruitful studies in ophthalmic research which they have so well founded in the Howe Laboratory.

DAVID G. COGAN, M.D.,
Director, Howe Laboratory

Lectures Given and Articles Published

DEPARTMENT OF OPHTHALMOLOGY

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How Does Middle Age Affect the Eyes? *The Sight-Saving Review*, Vol. XIX, No. 3.

Ocular Conditions Associated with Idiopathic Hyperlipemia. *A.J.O.*, Vol. 33, No. 10, October, 1950.

Ocular Therapeutic Principles and Practical Applications. *Archives of Ophth.* December, 1950, Vol. 44, pp. 797-812.

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Retrolental Fibroplasia. Phacoanaphylaxis. Diseases of the Fundus and Their Pathology. A series of lectures. New Orleans Graduate Medical Assembly, New Orleans, La. March 6-9, 1950.

Massive Separation of the Retina in Infants and Juveniles. N.E. Ophthalmological Society, Boston, Mass. March 15, 1950.

Blindness in Premature Babies from Retrolental Fibroplasia. Pan-American Association of Ophthalmology. Miami Beach, Florida. March 26-30, 1950.

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Iris Tumors. The deSchweinitz Lecture. Philadelphia, Pa. November 16, 1950.

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Methods of Determining Axis and Degree of Astigmatism. Criteria for Prescription of Prisms. Advances in Refraction. A series of lectures. Michigan Medical School, Ann Arbor, Mich. April 24-25, 1950.

DEPARTMENT OF OTO-LARYNGOLOGY

HOLMES, EDGAR M. Treatment of Traumatic Injuries of the Face. A Symposium with V. H. Kazanjian, D.M.D., M.D., and J. M. Converse, M.D. American Academy of Plastic and Reconstructive Surgery, American Academy of Ophth. and Oto-Lar. Chicago, Ill. October 9-10, 1950.

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Beryllium Granuloma of the Nose. A Case Report; with Alfred T. Joseph, M.D. Plastic and Reconstructive Surgery, Vol. 6, No. 2. August, 1950.

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SOCIAL SERVICE DEPARTMENT

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Directory

MEMBERS OF INFIRMARY STAFF, ALUMNI AND RESIDENTS

Names of members of the Infirmary Staff are printed in capital letters.

Abbreviations following the name indicate to what service of the Infirmary the individual belongs:

Oph.; Ophthalmology
Oto-Lar.; Oto-Laryngology

Bron.; Bronchoscopy
Esoph.; Esophagoscopy

Letters in small type preceding the abbreviations indicate the special work of the individual:

a.; assistant
an.; anesthetist
assoc.; associate
c.; chief of service
cons.; consulting
dir.; director
exec. a.; executive assistant

fel. res.; fellow in research
grad.; graduate
path.; pathologist
r.; resident
roent.; roentgenologist
s.; surgeon
s.p.o.; surgeon for plastic operations

s.t.c.; surgeon assigned to Tumor Clinic

Addresses are in Boston unless stated to be elsewhere; and are in Massachusetts when no State is indicated.

The following list is correct to the best of our knowledge and belief. If there are any inaccuracies or omissions we would be glad to have these brought to our attention.

ADAMS, SAMUEL T., c.r. Oph.

ALBAUGH, CLARENCE H., Oph. 1940
727 W. 7th., Los Angeles, Calif.

ALEXANDER, SEEYMAN L., Aural, 1919
170 St. George, Toronto, Ont., Can.

ALLEN, HENRY F., a. Oph. (Oph. 1949)
200 Beacon

ALLEN, JOHN H., Aural, 1904
32 Deering, Portland, Me.

ALLMAN, CHARLES H., assoc. s. Oto-Lar.
(Oto-Lar. 1930) 520 Commonwealth Ave.

ANGELINI, HUGO D., r. Oto-Lar.

ANTHONY, ALAN R., Oph. 1936
736 Granville, Vancouver, British Columbia, Can.

ANTHONY, MARC, Oph. 1929
508 Old Nat'l Bank Bldg., Spokane, Wash.

AYASH, JOHN J., Oto-Lar. 1946

McConnell Clinic, 21 W. Central Ave., Minot,
So. Dakota.

AYLESWORTH, FREDERICK A., Oph. 1916
Suite 1001 Medical Arts Bldg.,
Toronto, Ontario, Can.

BAHN, GUSTAVE C., Oph. 1948
1024-28 Maison Blanche Bldg., New Orleans, La.

BAIR, HUGO L., Oph. 1932
102-110 Second Ave. S.W.,
Rochester, Minn.

BALLENGER, JOHN J., Oto-Lar. 1943
806 Park Ave., Wilmette, Ill.

BARNES, HARRY A., cons. s. Oto-Lar.

BARTON, RICHARD T., Oto-Lar. 1945
120 So. Lasky Drive, Beverly Hills, Calif.

- BASSEN, EDWARD J., Oph. 1928
70 E. 66th St., N. Y. C.
- BAUER, FREDERICK, Aural 1902
- BEECHER, HENRY, an. MGH
- BEETHAM, WILLIAM P., s. Oph.
(Oph. 1929) 108 Bay State Road
- BENEDICT, EDWARD B., a.
Bron. & Esoph. MGH
- BERRY, GORDON, Aural 1910
36 Pleasant, Worcester
- BIRDSALL, CLARENCE H., Aural 1916
(Oph. 1918) 26 Summer, Haverhill
- BLACK, DANIEL E., Oto-Lar. 1944
184 Main, Nashua, N. H.
- BLAISDELL, IRL H., Oto-Lar. 1939
1100 E. Genessee St., Syracuse, N. Y.
- BOBBETT, GORDON H., Oto-Lar. 1948
125 W. Cheves St., Florence, So. Carolina
- BOGAN, FREDERICK L., cons. s. Oto-Lar.
(Aural 1908) 249 River, Milton
- BOIES, LAWRENCE R., Oto-Lar. 1931
1937 Medical Arts Bldg., Minneapolis, Minn.
- BRACONIER, HARRY E., a. Oph.
(Oph. 1945)
1180 Beacon
- BRADY, FRANK W., Oto-Lar. 1942
8 Merrimac, Lowell
- BRAWNER, LEON E., Oto-Lar. 1925
384 Peachtree, Atlanta, Ga.
- BREED, FREDERIC B., a. Oph.
(Oph. 1950)
3 Winter St., Salem
- BREWER, DAVID W., Oto-Lar. 1948
1100 E. Genessee St., Syracuse, N. Y.
- BROCKHURST, ROBERT J., r. Oph.
- BROWN, LESTER A., JR., Oto-Lar. 1937
478 Peachtree, Atlanta, Ga.
- BRYAN, BURTON D., Oto-Lar. 1943
151 Rock, Fall River
- BUNKER, JOHN H., a. an.
- BURKE, J. ROBERT, Oph. 1918, Aural 1919
207 Elm, Holyoke
- CAMERON, WALTER C., Oph. 1930
1103 Medical Arts Bldg., Tacoma, Wash.
- CANDRAY, CARLOS H., Oph. 1944
San Salvador, El Salvador
- CARON, ARMAND L., Oto-Lar. 1927
Medical Arts Bldg., Worcester
- CARROLL, FRANK D., Oph. 1935
635 W. 165th, N. Y. C.
- CARROLL, WALTER J. E., assoc.s. Oto-Lar.
5 Chestnut, Arlington
- CARTER, LELAND F., Oph. 1926
613-617 David Whitney Blvd., Detroit, Mich.
- CASE, PAUL H., Oph. 1938
418 Professional Bldg., Phoenix, Ariz.
- CASTEN, VIRGIL G., s. Oph. (Oph. 1931)
412 Beacon
- CAVANAUGH, THOMAS, a.s. Oph.
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- CAVE, LINUS S., Oto-Lar. 1927
1504 State Tower Bldg., Syracuse, N. Y.
- CERRATO, CALVIN M., a.s. Oto-Lar.
(Oto-Lar. 1944) 15 Bay State Road
- CHAMBERLAIN, CALVIN B., Oph. 1944
342 Investment Bldg., Pomona, Calif.
- CHANDLER, PAUL A., s. Oph. (Oph. 1925)
5 Bay State Road
- CHISHOLM, JULIAN F., JR., a. Oph.
243 Charles St.
- CLAP, EDMUND W., cons.s. Oph.
(Oph. 1899)
Norwich, Vermont
- CLARKE, SAMUEL T., Oph. 1939
505 Medico-Dental Bldg., Reno, Nev.
- CLOUGH, JOSEPH M., a. Oph.
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101 Bay State Road
- COGAN, DAVID G., assoc.s. Oph. (Oph. 1935)
dir. Howe Lab. 243 Charles
- COGAN, JAMES R., Oph. 1944
444 N. Bedford Drive, Bev. Hills, Calif.

- COLLINSON, A. WILLIAM, a.s. Oph.
226 Bay State Road
- COLSON, Z. WILLIAM
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- CONVERSE, JOHN M., Oto-Lar. 1938
121 E. 60th, New York City
- COOPER, KEMP G., Oto-Lar. 1930
1516 Cook, Denver, Col.
- CORDRAY, DAVID P., Oto-Lar. 1940
Dirigo Med. Clinic, Western Ave., Augusta, Me.
- COVITZ, EDWARD E., a.s. Oph.
475 Commonwealth Ave.
- COYLE, JOHN A., Oph. 1931
Norwich, Vermont
- CREWSON, ARTHUR L., Oto-Lar. 1927
132 Second, West Cornwall, Ontario, Can.
- CRONIN, THOMAS P., a. Oph.
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- DAVIDSON, HERMAN P., Oph. 1920
30 North Michigan Ave., Chicago
- DAVIDSON, MARTHA, ex. a. M.E. & E.I.
- DAY, KENNETH, Oto-Lar. 1924
121 University Place, Pittsburgh, Pa.
- DEAN, ABBOTT W., Oph. 1929
424 Oakland Ave., Council Bluffs, Iowa
- DE BLOIS, ELIZABETH, a.s. Oto-Lar.
247 Commonwealth Ave.
- DIETRICH, HERBERT J., Oto-Lar. 1951
510 Strathmore Rd., Havertown, Pa.
- DONAHUE, HUGH C., assoc. s. Oph.
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- DONOGHUE, WILLIAM F.
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69 Chestnut, Springfield
- DOWLING, JOSEPH L., Oph. 1918
57 Jackson, Providence, R. I.
- DROOKER, J. CHARLES, assoc. s. Oto-Lar.
(Oto-Lar. 1939)
20 Charlesgate West
- DRURY, DANA W., Aural 1906
483 Beacon
- DUCLOS, GASTON N., Oto-Lar. 1943; Oph. 1945
1538 Sherbrooke St., W. Montreal, Que., Can.
- DUNPHY, EDWIN B., c. Oph. (Oph. 1923)
243 Charles
- EASTON, MAHLON T., a.s. Oph.
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1180 Beacon
- ERNLUND, CARL H., s.t.c. (Oto-Lar. 1927)
5 Bay State Road
- EVANS, MAURICE G., s. Oto-Lar.
(Oto-Lar. 1928) 416 Marlborough
- EVANS, WILLIAM H., Oph. 1924
510 Dollar Bank Bldg., Youngstown, Ohio
- FARRELL, JAMES I., Oph. 1932
308 Kempf Bldg., Utica, New York
- FILMER, GEORGE A., Oph. 1939
520 Metropolitan Bldg., Denver, Colo.
- FISHER, STANWOOD E., Aural 1909
338 Spring, Portland, Me.
- FLEMING, CALVIN, fel. Oph. Path.
243 Charles
- FLOYD, PAUL E., Oph. 1946
2 Middle St., Farmington, Me.
- FOOTE, CHARLES M., Oph. 1940
412 North Hastings Ave., Hastings, Neb.
- FRACKELTON, RALPH J., Oto-Lar. 1933
14800 Madison Ave., Cleveland, Ohio
- FRANKLIN, C. RAY, Oph. 1931
10 E. 90th, New York City
- FRAZEE, JOHN R., assoc. s. Oto-Lar.
(Oto-Lar. 1925)
311 Beacon
- FRED, GUSTAVE, cons. s. Oto-Lar.
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- FULTZ, WILLIAM E., Oph. 1927
45 Kaye, Halifax, N. S., Can.
- GABRIELS, JOSEPH A. C., Oph. 1921
435 State, Albany, N. Y.
- GARLAND, FREDERICK E., cons. s. Oto-Lar.
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- GAUDREAU, HONORE E., Oph. 1930
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M A S S A C H U S E T T S E Y E A N D E A R I N F I R M A R Y

- GAUS, LOUIS, Oph. 1921
Ticonderoga, N. Y.
- GERMAIN, HARRY H., Oph. 1899
479 Commonwealth Ave.
- GIBSON, ARTHUR C., Aural 1921
516 Sutter, San Francisco, Calif.
- GIFFORD, HAROLD, JR., Oph. 1934
1620 Medical Arts Bldg., Omaha, Neb.
- GILBERT, JOHN J., Oph. 1917; Aural 1920
209 Angell, Providence, R. I.
- GILLER, HERBERT, r. Oph.
- GILLESPIE, ELMER H., Oto-Lar. 1932
- GINSBERG, JOSEPH, r. Oph.
- GODUTI, RICHARD J., Oph. 1946
704 Congress, Portland, Me.
- GOLDCAMP, RICHARD R., Oto-Lar. 1948
364 Fair Green Ave., Youngstown, Ohio
- GOLDMAN, A. MILTON, Oph. 1924
Rockville Centre, N. Y.
- GOODALE, JOSEPH L., cons. s. Oto-Lar.
Ipswich
- GOODALE, ROBERT L., s. Oto-Lar.
(Oto-Lar. 1926) 330 Dartmouth
- GOODALL, EDWIN B., r. Oph.
- GOODELL, WILLIAM, Aural 1906
216 Flower Drive, Harbor Acres
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- GRANT, W. MORTON, a. Oph.
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- GRAY, GERALD H., Oto-Lar. 1929
420 Mountain Ave., Piedmont, Calif.
- GROSSMAN, HERMAN P., a.s. Oph.
(Oph. 1934) 210 Angell, Providence, R. I.
- GUIMARAES, JOAO C., Oto-Lar. 1946
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- GUNDERSEN, TRYGVE, s. Oph. (Oph. 1930)
101 Bay State Road
- HACKING, RAYMOND F., Oph. 1927
105 Waterman, Providence, R. I.
- HAIRE, PAUL G., a.s. Oph.
6 Pleasant, Malden
- HALEY, WARREN D., a. Oph.
(Oph. 1950) 27 Lloyd St., Winchester
1180 Beacon
- HALTON, EDWARD J., Oto-Lar. 1942
56 Sutton, Holyoke
- HAPP, LINLEY C., a. Oph.
(Oto-Lar. 1931 — Oph. 1943)
170 Waterman, Providence, R. I.
- HEATH, PARKER, dir. Oph. Path. Lab.
243 Charles St.
- HEFFERNAN, DAVID A., Oph. 1904
270 Commonwealth Ave.
- HEINE, LYMAN H., Oto-Lar. 1927
1535 N. Broad, Fremont, Nebr.
- HEINICKE, HORST J., Oto-Lar. 1948
116 N. Buffalo St., Ithaca, N. Y.
- HENNESSEY, WILLIAM W., Aural 1908
33 Essex, Salem
- HERMAN, EDWARDS, con. s. Oto-Lar.
Lincoln
- HILL, FRANCIS S., dir. M. E. & E. I.
- HILL, FREDERICK T., Aural 1916
111 Main, Waterville, Me.
- HO, ALBERT K. T., Oto-Lar. 1949
Central Med. Building, Beretania & Kalakaua
Honolulu, T. H.
- HOBART, CARL, Oph. 1922
3601 A Gravois Ave., St. Louis, Mo.
- HOLLABAUGH, CHARLES F., Oph. 1932
1915 Church St., Nashville, Tenn.
- HOLMES, EDGAR M., s.p.o. Oto-Lar.
(Oto-Lar. 1934) 330 Dartmouth
- HOLT, LAWRENCE B., Oph. 1948
208-209 Reynolds Bldg.,
Winston-Salem, N. Carolina
- HOOPLE, GORDON D., Oto-Lar. 1926
1100 E. Genessee St., Syracuse, N. Y.
- HOUSTON, G. GILBERT, Oto-Lar. 1938
10 West, Charlottetown, P.E.I., Can.
- HUTCHINSON, RUTH M., ex. a. M. E. & E. I.
- INGALLS, RAYMOND, a. Oph. Path.
243 Charles

- IRELAND, PERCY E., Oto-Lar.
170 St. George, Toronto, Ontario, Canada
- IRGENS, EDWIN R., Oto-Lar. 1938
Benton Harbor, Michigan
- IRVINE, A. RAY, JR., Oph. 1947
9730 Wilshire Blvd., Beverly Hills, Calif.
- IRVINE, S. RODMAN, Oph. 1935
9730 Wilshire Blvd., Beverly Hills, Calif.
- IRVINE, WENDELL C., Oph. 1941
700 Roosevelt Bldg., Los Angeles, Calif.
- JESBERG, NORMAN, Oto-Lar. 1947
Eye & Ear Hospital
500 So. Lucas Ave., Los Angeles, Calif.
- JEWETT, EVERETT P., Oph. 1945
21 West, Worcester
- JOHNSON, CARL C., a.s. Oph. (Oph. 1942)
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- JOHNSON, LORAND V., Oph. 1937
2065 Adelbert Road, Cleveland, Ohio
- JONES, EDWARD E., Oto-Lar. 1928
141 W. Elm, Brockton
- JOSEPH, ALFRED T., a. Oto-Lar.
475 Commonwealth
- JUDD, DELBERT K., Oto-Lar. 1934
423 Arcade Bldg., Kankakee, Ill.
- KANT, ALFRED, Oph. 1948
129 Clinton St., Watertown, N. Y.
- KAZANJIAN, KENNETH, a. Oto-Lar.
475 Commonwealth Ave.
- KAZANJIAN, VARAZTAD H., cons.p.o.
Oto-Lar. & Oph. 475 Commonwealth Ave.
- KEARNY, RICHARD A., Aural & Lar. 1921
2311 Connecticut Ave., Washington, D. C.
- KELEMEN, GEORGE, a.s., Oto-Lar.
20 Gloucester St.
- KELLEY, VINCENT J., s. Oto-Lar.
520 Commonwealth Ave.
- KENNEALLEY, ELMER V., r. Oph.
- KENNEDY, MICHAEL F., Oph. 1927
1835 I, N. W., Washington, D. C.
- KENT, CHARLES, a. Oto-Lar.
270 Commonwealth Ave.
- KERST, J. ARTHUR, Oph. 1934
55 East Washington, Chicago, Ill.
- KING, DAVID G., r. Oto-Lar.
- KING, MERRILL J., s. Oph.
(Oph. 1932) 1180 Beacon
- KOS, CLAIR M., Oto-Lar. 1941
University Hospital, Iowa City, Iowa
- LANCASTER, WALTER B., cons. s. Oph.
520 Commonwealth Ave.
- LANE, CHARLES S., Oto-Lar. 1949
Merchants Nat'l Bank Bldg.,
Fort Smith, Arkansas
- LANGWORTHY, HENRY G., Aural 1907
394 West 10th St., Dubuque, Iowa
- LAPIERRE, WARREN W., Oph. 1948
32 Clinton Ave., Norwichtown, Conn.
- LAVOIE, ROLAND, JR., Oto-Lar. 1950
3 Claire Fontaine St.,
Quebec City, Quebec, Canada
- LAWLOR, EDWARD R., a. Oto-Lar.
(Oto-Lar. 1941)
267 Moody, Waltham
- LEAHEY, BRENDAN D., assoc. s. Oph.
(Oph. 1933) 9 Central, Lowell
- LECONTE, CHARLES M., Oto-Lar. 1947
Rue Royale, Cap-Haitien, Haiti
- LEMOINE, ALBERT N., Oph. 1923
411 Alameda Road, Kansas City, Mo.
- LEMOINE, ALBERT N., JR., Oph. 1945
411 Alameda Road, Kansas City, Mo.
- LENTINE, JOSEPH, a.s. Oto-Lar.
(Oto-Lar. 1935) 395 Commonwealth Ave.
- LEVITT, JESSE M., Oph. 1933
991 Ocean Ave., Brooklyn, N. Y.
- LEWIS, DONALD K., a.s. Oto-Lar.
(Oto-Lar. 1943)
15 Dix St., Winchester
- LIEBMAN, SUMNER D., a.s. Oph.
(Oph. 1943)
115 Bay State Road

M A S S A C H U S E T T S E Y E A N D E A R I N F I R M A R Y

- LIEBMAN, WILLIAM, Oph. 1911
115 Bay State Road
- LILLY, JOHN S., r. Oto-Lar.
- LINEBACK, MERRILL I., r. Oto-Lar.
- LODGE, EDMUND A., Oto-Lar. 1924
Pleasant Street, Gloucester
- LO-PRESTI, JOSEPH J., a. Oph.
341½ Beacon
- LORING, ROBERT G., Oph. 1900, Retired
- LOTHROP, OLIVER A., Aural 1911
101 Beacon
- LOUGEE, JOHN L., Aural 1909
475 Commonwealth Ave.
- LOVELY, DAVID K., Oto-Lar. 1946
73 Deering, Portland, Me.
- LOVESEY, BURTON S., assoc. s. Oto-Lar.
(Oto-Lar. 1935) 76 Bay State Road
- LURIE, MOSES H., s. Oto-Lar.
483 Beacon
- LYNCH, MERCER G., Oto-Lar. 1936
1567 Exposition Blvd., New Orleans, La.
- MACDONALD, ALEXANDER E., Oph. 1923
421 Med. Arts Bldg., Toronto, Ont., Can.
- MACDONALD, DONALD H., Oto-Lar. 1930
- MACHAMER, R. WENNER, Oto-Lar. 1945
18428 Scottsdale Blvd., Cleveland, Ohio
- MACKENZIE, ROLAND C., Oph. 1911.
30 Grant, Waltham
- MACLAUGHLIN, CHARLES H., a. Oph.
(Oph. 1947)
32 Pleasant St., Everett
- MACMILLAN, ALEXANDER S., roent.
483 Beacon
- MACMILLAN, ANDREW L., JR., Aural 1912
46 Pleasant St., Concord, N. H.
- MACNIE, JOHN P., Oph. 1929
635 W. 165th, New York City
- MALLORY, TRACY B., cons. path. MGH
- MANCALL, IRWIN T., r., Oph.
- MANSUR, LEON WALLACE, Oph. 1898 Retired
Valley Center, Calif.
- MARTIN, S. FORREST, a.s. Oph. (Oph. 1938)
101 Bay State Road
- MATTIS, ROBERT DEAN, Oph. 1942
4474 Westminster Place, St. Louis, Mo.
- MCCABE, FRANK J., Oph. 1916
204 Angell, Providence, R. I.
- MCCALL, ROBERT E., Oto-Lar., 1938
236 S. Main, Marion, N. C.
- MCCCLINTOCK, WALTER L., Oto-Lar., 1938
1245 Hancock, Quincy
- MCENEANY, JOSEPH P., a. Oto-Lar.
(Oto-Lar. 1947)
301 Essex, Lawrence
- MCGUIGAN, G. EDMUND, Oph. 1924
116 W. Market, York, Pa.
- MCINTIRE, FREDERIC J., Oph. 1910
63 North Common, Lynn
- MCKEIGUE, JOHN E., a. Oto-Lar.
(Oto-Lar. 1949)
94 Pleasant St., Arlington
Parkway Clinic, Chestnut Hill
- MCKENZIE, RODNEY J., Oto-Lar.
480 Doctors' Bldg., 19 Garfield Pl., Cinn., Ohio
- MCLEOD, ANGUS M., Oto-Lar. 1932
Medical Arts Bldg., Toronto, Ontario, Canada
- MCLEOD, JOHN, Oph. 1930
636 Argyle Bldg., Kansas City, Mo.
- MEEK, RAYMOND E., Oph. 1926
729 Park Ave., New York City
- MELTZER, PHILIP E., s. Oto-Lar.
(Aural 1919)
20 Charlesgate West
- MERRITT, ROBERT E., Oph. 1920 Retired
Valley Center, Calif.
- MERTINS, PAUL S., Oto-Lar. 1936
32 Clayton St., Montgomery, Ala.
- MEYER, MONTGOMERY F., Oph. 1919
904 Canal Bank Bldg., New Orleans, La.
- MILES, NATHAN E., Oph. 1937
1031 S. 21st St., Birmingham, Ala.

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- MILLER, DANIEL, a.s. Oto-Lar.
(Oto-Lar. 1943)
403 Commonwealth
- MILLS, LLOYD, JR., Oph. 1947
910 Westchester Pl., Los Angeles, Calif.
- MOORE, DONALD E., Oph. 1937
417 Medical Arts Bldg., Syracuse, N. Y.
- MOORE, EDWARD E., Oph. 1944
- MOORE, FONTAINE B., Aural 1914
- MOORE, JAMES A., Oto-Lar. 1940
525 E. 68th, New York City
- MOORMAN, JOHN D., Oph. 1939
Times Bldg., Huntsville, Ala.
- MORRISSEY, ARTHUR M., a. Oph.
185 High, Medford
- MOSHER, HARRIS P., cons. s. Oto-Lar.
127 Front, Marblehead
- MOSHER, HENRY A., a. Oph.
(Oph. 1941)
71 Bay State Road
- MOTELEY, FREDERIC E., Oto-Lar. 1925
Charlotte Eye and Ear Hospital
Charlotte, North Carolina
- MOULTON, EVERETT C., JR., Oph. 1948
Merchants National Bank Bldg.
Fort Smith, Arkansas
- MUELLER, WERNER, a.s. Oto-Lar.
(Oto-Lar. 1933)
243 Charles
- MURPHY, WILLIAM E., Oto-Lar. 1933
Slater Bldg., Worcester
- MYERS, ROSCOE W., Oph. 1927
36 Pleasant, Worcester
- MYERS, STANLEY A., Oto-Lar. 1937
39 Hilton Ave., Youngstown, Ohio
- MYSEL, PHILIP, con. s. Oto-Lar.
483 Beacon
- NACHLAS, NATHAN E., r. Oto-Lar.
- NAVAS, LUIS, Oto-Lar. 1950
The Lempert Institute
119 E. 74th St., N. Y. C.
- NICHOLSON, HARRY M., Aural 1913
515 Medical Arts Bldg.
Hamilton, Ontario, Can.
- O'CONNELL, JOHN D., Oph. 1943
50 Farmington Ave., Hartford, Conn.
- O'CONNOR, MICHAEL JAMES, Oph. 1946
Valley National Bank Bldg., Tucson, Ariz.
- O'CONNOR, MICHAEL JOHN, Aural & Lar. 1923
105 Waterman, Providence, R. I.
- OFFENBACH, BERTHA, a. Oph.
270 Commonwealth Ave.
- OGDEN, FREDERIC W., Oto-Lar. 1942
- OKAMURA, ICHIRO, r. Oph.
- OLDS, BOMAR A., Oto-Lar. 1929
26 Linden Ave., N. E., Atlanta, Ga.
- OLSEN, HENRIETTA I., exec.a.
M.E. & E.I.
- PARKER, HARRY C., Oph. 1902
- PETERSON, WALBORG L., exec.a.
M.E. & E.I.
- PFISTER, RAYMOND L., r. Oto-Lar.
- PIPPITT, RICHARD B., a. Oph.
(Oph. 1949)
101 Bay State Road
- POIRIER, GEORGE H., cons. s. Oto-Lar.
60 Bay State Road
- POLLEN, ABRAHAM, a.s. Oph.
(Oph. 1944)
636 Beacon
- POLLOCK, FREDERIC J., Oto-Lar. 1935
- POPPEN, MAYO J., Oph. 1948
6356½ Van Nuys Blvd.
Van Nuys, Calif.
- POSNER, MARVIN, r. Oph.
- PRICE, F. RAYMOND, Oph. 1936
118 Rutledge Ave., Charleston, S. C.
- PROVOST, ADOLPHE J., Oto-Lar. 1927
66 Middle St., Manchester, N. H.
- PRUDHON, CHARLES A., Oto-Lar. 1930
168 Sterling, Watertown, N. Y.

- QUEVEDO, A. ARTURO, Oph. 1933
4a Ave. Sur 19, Guatemala City
Guatemala, C. A.
- QUEVEDO, JULIO, Oto-Lar. 1941
15 C.O. 5, Guatemala City, Guatemala, C. A.
- QUINCY, JOSIAH E., cons. s. Oto-Lar.
(Oto-Lar. 1926)
270 Commonwealth
- RAMBO, J. H. TOM, Oto-Lar. 1948
119 E. 74th Street, N. Y. C.
- RAYNES, ALPHONSE F., Oph. 1923
16 Market Sq., Portsmouth, N. H.
- REAGAN, DANIEL J., a. Oph.
(Oph. 1943—Oto-Lar. 1944)
507 Main, Worcester
- REED, GEORGE F., r. Oto-Lar.
- REGAN, CHARLES D., r. Oph.
- RICE, THEODORE A., Oph. 1942
390 Main, Worcester
- RICHARDS, LYMAN G., s. Oto-Lar.
(Oto-Lar. 1924)
1101 Beacon, Brookline
- RICHARDSON, JOHN R., assoc. s. Oto-Lar.
(Oto-Lar. 1935)
403 Commonwealth Ave.
- RIEMER, HUGO B. C., cons. s. Oph.
62 Winter St., Norwood
- RIEMER, KARL, a. Oph.
(Oph. 1943)
403 Commonwealth Ave.
- ROOPENIAN, ARAM, a.s. Oto-Lar.
(Oto-Lar. 1944)
475 Commonwealth
- ROTHWELL, STEPHEN C., Oto-Lar. 1925
100 Eighth, New Bedford
- RUBEN, MAURICE, a. Oto-Lar.
311 Commonwealth Ave.
- RUGGLES, RALPH H., cons. s. Oph.
(Oph. 1920)
394 Marlborough
- RUNGE, PAUL M., a. Oph.
140 Marlborough
- SACHS, BENJAMIN, s. Oph.
(Oph. 1925)
636 Beacon
- SAINSBURY, AUGUSTUS W., Oto-Lar. 1943
42 N. Main, Canandaigua, N. Y.
- SAMS, JAMES M., Oto-Lar. 1949
Jones Eye, Ear, Nose and Throat Hospital
John3on City, Tennessee
- SARGENT, FRANCIS B., Aural & Lar. 1923
124 Waterman, Providence, R. I.
- SAVAGE, ROSS E., Oph. 1910
Gloucester
- SCARNEY, HERMAN D., Oph. 1928
573 Fisher Bldg., Detroit, Mich.
- SCHALL, LEROY A., c. Oto-Lar.
243 Charles
- SCHEPENS, CHARLES L., a. Oph.
243 Charles St.
- SCHNEBLY, J. THOMAS, Oph. 1936
900 17th N.W., Washington, D. C.
- SCOTT, DAVID H., a. Oph.
(Oph. 1949)
1 Monument Sq., Beverly
- SEALE, EARL S., a.s. Oph.
(Oph. 1940)
99 Bay State Road
- SHAMBAUGH, GEORGE E., JR., Oto-Lar. 1932
55 E. Washington Street, Chicago, Ill.
- SHEA, JOHN J., r. Oto-Lar.
(military service)
U.S.A. Hospital, Camp Breckenridge, Ky.
- SHEEHAN, LINUS A., a. Oph.
(Oph. 1943)
210 Angell, Providence, R. I.
- SHERMAN, MORRIS, Oto-Lar. 1950
82 W. Commerce St., Bridgeton, N. J.
- SHLOSSBERG, FRANK R., a.s. Oto-Lar.
116 Emerson, Haverhill
- SKILLING, FRANCIS C., Oph. 1933
442 Ingram Bldg., Miami, Fla.
- SLAUGHTER, EARL C., Oto-Lar. 1940
Granada Bldg., Norfolk, Neb.

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- SLOANE, ALBERT E., a.s. Oph.
416 Marlborough
- SMITH, HAROLD D., Oto-Lar. 1937
342 Investment Bldg., Pomona, Calif.
- SMITH, TAYLOR, Oph. 1951
243 Charles St.
- SMITH, WILLIAM L., Oph. 1950
U.S. Naval Hospital, St. Albans, L. I., N. Y.
- SNOW, ROBERT C., Oto-Lar. 1940
202 E. So. Temple, Salt Lake City, Utah
- SPRATT, CHARLES N., Oph. 1904
1231 Medical Arts Bldg., Minneapolis, Minn.
- STAPFF, VOLKER H., r. Oto-Lar.
- STERNSTEIN, HERMAN J., a.s. Oto-Lar.
416 Marlborough
- STONE, WILLIAM, a. Oph.
(Oph. 1949)
1101 Beacon
- SULLIVAN, GARRETT L., a.s. Oph.
(Oph. 1938)
101 Bay State Road
- TEGELBERG, JULIUS, Oto-Lar. 1931
390 Main, Worcester
- THOMAS, JOHN H., Oto-Lar. 1944; (Oph. 1946)
262 E. Market, Warren, Ohio
- THOMPSON, PETER HUNTER, cons. s. Oph.
(Oph. 1902)
308 Commonwealth Ave.
- THORNE, FRED S., cons. s. Oph.
270 Commonwealth Ave.
- TOBEY, HAROLD G., cons. s. Oto-Lar.
(Aural 1915)
403 Commonwealth Ave.
- TOOT, J. FREDERICK, Oph. 1922
520 First National Bank Bldg., Canton, Ohio
- TROTTER, ROBERT R., r. Oph.
- TWITCHELL, MARSHALL C., Oph. 1941
217 S. Union, Burlington, Vt.
- VAIL, DERRICK T., Oph. 1924
700 N. Michigan Ave., Chicago, Ill.
- VERHOEFF, FREDERICK H., cons. c. Oph.
395 Commonwealth Ave.
- VIGER, ROLAND J., Oph. 1937
1414 Drummond, Montreal, Quebec, Can.
- WAITE, J. HERBERT, cons. s. Oph.
(Oph. 1923)
7 Bay State Road
- WALES, ERNEST DeW., Aural 1902
1236 N. Pennsylvania, Indianapolis, Ind.
- WALKER, D. HAROLD, cons. s. Oto-Lar.
(Aural 1902)
Peterborough, N. H.
- WATTLES, F. MERRILL, Oto-Lar. 1938
1200 So. Kuhl Ave., Orlando, Fla.
- WAYLAND, MRS. GENEVA L., a. to Dir.
M.E. & E.I.
- WEBSTER, FRANKLIN R., Oph. 1926
810 State Tower Bldg., Syracuse, N. Y.
- WEBSTER, RICHARD C., JR., a. Oto-Lar.
1101 Beacon
- WEILLE, FRANCIS L., s. Oto-Lar.
(Oto-Lar. 1929)
247 Commonwealth Ave.
- WEISMAN, HERMAN J., Oto-Lar. 1944
76 Limerock, Rockland, Me.
- WEST, FRANCIS J., a. Oph.
(Oph. 1947)
1101 Beacon
- WHITE, LEON E., cons. s. Oto-Lar.
(Aural & Lar. 1923)
395 Commonwealth
- WHITNEY, RAYMOND C., Oph. 1922
227 Union, New Bedford
- WILKINS, SAMUEL H., cons. s. Oph.
270 Commonwealth Ave.
- WILLIS, HARRY C., Aural & Lar. 1923
216 E. Nash, Wilson, N. C.
- WINKLER, HERMAN A., Oto-Lar. 1926
224 Thayer, Providence, R. I.

M A S S A C H U S E T T S E Y E A N D E A R I N F I R M A R Y

WISHART, DAVID E. S., Aural & Lar. 1922
47 Grosvenor, Toronto, Ont., Can.

WOODARD, M. WAYNE, a. Oph.
(Oph. 1950)
9 Central, Lowell

WRIGHT, CLARENCE F., Oto-Lar. 1931
Weston, Ont., Canada

WRIGHT, EDWARD N., Oto-Lar. 1933
103 May St. South, Fort Williams, Ont., Can.

ZANEK, OTTO L., Oph. 1946
1704 Espercon Bldg., Houston, Tex.

ZONDERMAN, BERNARD, a.s. Oto-Lar.
(Oto-Lar. 1946)
314 Commonwealth Ave.

Member of

BOSTON HOSPITAL COUNCIL

AMERICAN HOSPITAL ASSOCIATION

MASSACHUSETTS HOSPITAL ASSOCIATION

UNITED COMMUNITY SERVICES OF METROPOLITAN BOSTON

APPROVED BY THE AMERICAN COLLEGE OF SURGEONS

AND THE AMERICAN MEDICAL ASSOCIATION

AFFILIATED WITH THE HARVARD MEDICAL SCHOOL

In Memoriam

HENRY W. PORTER

Member of the Board of Managers

1945-1951

Member of the Executive Committee, Chairman of the Medical Social Service Advisory Committee, and Chairman of the Public Relations Advisory Committee.





